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ON THE EMPLOYMENT OF A NEW AGENT IN THE TREATMENT OF STRICTURES OF THE URETHRA.—WITH AN ENGRAVING.

BY HENRY J. BIGELOW, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

THIS method consists essentially in the use of gutta percha in taking the impression of a stricture; and also avails itself of the plasticity of this gum in dilating the stricture.*

There is, in general, no great difficulty in the treatment of a stricture near the orifice of the urethra. On the other hand, a contraction of the canal far back towards the perineum often presents serious difficulties. The introduction of an instrument is then sometimes impracticable, or requires a tedious and very careful manipulation. It is plain that one great difficulty exists in the inability on the part of the surgeon to ascertain the precise character of the lesion; the geography of the part to be traversed by the bougie. It is well known that this contraction is susceptible of infinite variation. It is abrupt or gradual, concentric or lateral, straight, angular, curved or spiral, smooth or knobbed, long or short, and finally partial or exaggerated; and against all these varieties the principal weapon in the hands of the surgeon is the bougie. This instrument, with little available variety, either in its material or conformation, is a point attenuated or obtuse, urged by a force applied at perhaps six inches distance; and is expected to thread its way among the complicated and winding labyrinth which often constitutes a stricture. Fortunately, the healthy canal traversed by the bougie generally so directs it, that when the contraction is not great, the point enters its orifice after more or less manipulation. Yet it will be conceded that this manipulation, however delicate and skilful, is often, and of necessity, only a series of tentative thrusts or offers, made in the dark, in the hope of ultimately discovering and traversing some interval or interstice should such exist.

Other circumstances, such as the density and character of the opposing

* The use of gutta percha bougies is not new; it is attributed to a physician at Singapore; but I have neither seen nor heard any allusion to their being employed to take impressions of strictures, which, so far as I can judge, constitutes their chief if not their only value. I have received within a day or two, through the politeness of Mr. Burnett, apothecary in Tremont Row, a sample of bougies with which he has been furnished by the Gutta Percha Company in New York, excellent in appearance, but which I have not had an opportunity of testing.

tissue, and the necessity of employing or of avoiding protracted pressure, complicate the problem.

The common method, it is true, is often quite effectual and satisfactory; especially in the ordinary run of cases of simple or partial contraction. Yet there is something gross in it. It is wanting in the nicer modifications of art which should characterize surgical manipulation, when they do not interfere with its simplicity. Nor are the results of this process always satisfactory; especially when the case is difficult, or the operator inexpert. It will soon be shown that false passage is very common in connection with old stricture; simply because the propelled instrument, finding no natural canal, has made one for itself. Or, as not unfrequently occurs, when the urine dribbles away, no canal can be detected and no instrument of dilatation passed.

These difficulties are not new. Different methods have been devised to bring the part to be operated upon more directly in contact with the senses of the operator; such as a lamp to illuminate the stricture, and a tube to see it. Ducamp insisted upon the great advantage of impressions in wax, as conveying an idea of the conformation of a stricture, and contrived hollow tubes, containing eccentric bougies sliding out like a telescope at one side of the distorted canal.

Whoever has tried this wax has probably found, that however good the impression received in the interior may be, it is lost, either when the material is extricated from the stricture or subsequently from the canal. It is of questionable utility in this point of view. Besides, the wax is soft and liable to break; and lastly, when moulded to the canal, it is itself of no use in dilating it, and another instrument of corresponding outline must be arranged for this purpose.

The advantages of gutta percha are, first, that it is probably the only material in the world capable of receiving an acute impression at a temperature quite comfortable to the skin, and at the same time of retaining it entirely, at about the actual temperature of the body; then becoming hard and resisting, besides being exceedingly tough, even in attenuated filaments. It follows, that upon being withdrawn from the urethra, it presents a perfect impression of the most minute inequalities of the callus against which it has inpinged.

In the second place, it may be used when thus moulded as a dilator of the stricture; and it can be made to enter with unerring certainty any of its orifices.

A few words will suffice to describe the method I have adopted in employing these bougies. A medium size answers a good purpose, unless there be strictures anterior to the one to be treated, in which case a small calibre is sometimes requisite. Let the bougie be oiled and the tip passed to and fro rapidly in the edge of the flame of a candle, until it is so warm that the nail will indent it; the mass will remain plastic after the surface has ceased to be hot, and may be rapidly passed down to the stricture, being very smooth and pliable. If it be pressed against the stricture for a minute with a force equivalent to an ounce or two of weight, and then left to cool during the succeeding three or four minutes, it will present, when slowly and carefully disengaged from the stricture, a firm

and unyielding impression of the most minute inequality and indentations of the callous surface. The tip may be cut off and preserved, furnishing, with others, a complete history of the conformation of the stricture under treatment.

If water be employed to heat the gum, it will be found that the steam from the surface will soften the rod for the length of an inch or more; rendering it liable to curl up against the stricture, as small elastic bougies are apt to do. The tip alone should be softened. On the other hand, care should be taken not to burn the gum; its texture and ability to harden are thus destroyed, and a piece may be left in the stricture. Such a case occurred to me. A plug was thus left in a small stricture, causing retention of urine during eighteen hours; when the orifice having become dilated, the plug was forced out by the urine; which then flowed more freely than for many months before.

Pure gutta percha softens most readily and cools with least elasticity and shrinking. It is therefore far better for impressions than when adulterated, as is common, with caoutchouc. But when pure, a little oiling and use soon raises a fur upon its surface; so that it is probable that some compound will answer better for mere bougies.

I have hitherto made these rods from pure gum, of the thickness of sole leather, cut into square strips, plunged into boiling water, and rolled between two boards, care being taken to prevent twisting.

When the bougie is imbedded in the stricture, let its head, or external end, be warmed and flattened in a vertical or transverse direction with reference to the pubis, and it will indicate, when withdrawn, the position of the inequalities in regard to the periphery of the canal.

Suppose, now, that the impression, as is frequently the case, is forked. Examination of the extremities often indicates which is the true passage and which the false; or if not, the larger is generally the true passage. Let the false extremity be carefully shaved off and the bougie returned into the urethra, its flattened head maintaining its relative position to the pubis. It forms a conical bougie of the best description, exactly adapted to the form of the true passage, which it inevitably enters. Impressions also record and especially direct the progress of a cutting instrument, as seen in the annexed sketches.

The general pathology of stricture is not here discussed; but it will be quite obvious that there are cases of irritable and inflammatory stricture in which this method of dilatation, as well as all other active mechanical treatment, would be inappropriate. Nor are the relative merits of dilatation, incision and cauterization here considered. Each is occasionally a valuable resource; the progress of all is incalculably aided by the knowledge derived from impressions; while the first, by far the most valuable mode of treatment, is considerably accelerated by the actual employment of the gutta percha.

The annexed sketches will give an idea of the character of the impressions. They are a few, selected from a considerable number, to illustrate several points.

The first line of the annexed print presents impressions with false passages, taken in the course of the treatment of the first case detailed below.

The three first figures represent different impressions taken early in the treatment. The fourth and fifth represent the bougies used as dilators after the impression of the false passage was removed; and the last figure shows the impression when the canal was easily pervious to a moderate-sized bougie.

The figures numbered 2 are different impressions of the same stricture at different periods of treatment.

3. An old stricture, nearly impervious, from a patient who died of inflammation of the membranous portion of the urethra.

4, 5. Impressions of incisions. These incisions were made with Ratier's instrument, sketched below, in this connection, and which is by far the best of a number I have employed. The blade slides back obliquely into the canula.

6. An excellent impression of an old stricture. Two perfectly similar impressions were taken upon succeeding days; indicating that no doubt could exist of the character of its outline. The stricture was incised exactly at the point calculated, the parallel lines indicating where the impression of the two incisions, seen in the small figure, correspond with the original impression.

At 8 is seen the last impression of these and subsequent incisions; three days after which, the canal was entirely pervious. These are from the second case detailed below.

7, 9, are given as good impressions of curious strictures.

The following are two cases of bad strictures which had resisted previous treatment. I believe the success attending their ultimate treatment to be due to the assistance derived from the gutta percha. They are here detailed as the first cases subjected to this treatment, and they were examined by various professional gentlemen from different parts of the country, who happened to visit the Hospital during the summer of 1848, and an account of them was read to the Boston Society for Medical Improvement soon after their occurrence.

Obstinate Traumatic Stricture, with Fistula behind Scrotum. ——, æt. 38. Patient has had gonorrhœa many times—last time four years ago. In 1832, after exposure to cold and wet, great difficulty in micturition. Again in 1837 had a similar attack.

June 1, 1848.—Eighteen months ago, fell astride of the rail of a ship; was made insensible, and afterwards had much difficulty in urinating, and passed bloody urine. Last July, after much difficulty in micturition, a swelling formed in perineum, just behind scrotum, opened externally, and through the opening pus and urine escaped together. Urine has flowed more or less in this way since.

Now, penis and scrotum swollen; the scrotum quite dense, firm, enlarged and thickened, especially at posterior part.

Just behind scrotum is a small red eminence which marks the entrance of a fistula, from which urine drops at every emission.

The smallest sized catheter passes through a stricture just before the scrotum, but is arrested about two and a half inches farther by a stricture into which it passes about half an inch.

Has had much fruitless treatment with instruments before entering the

house, and is sure none have ever entered bladder until about a month ago, when a small steel wire was passed twice or three times by the patient himself, and which was followed by much constitutional irritation.

Patient states that he is unable now to discover this canal, to which chance directed the instrument. In the course of several explorations, I succeeded in passing the wire once; but the mass was dense and cartilaginous to the feel, and it was evident that nothing could be gained except by consecutive dilatation; which it was impossible to adopt, on account of the uncertainty of entering the stricture, without protracted and irritating manipulation. This was a stricture of the worst class, occupying a long and dense cicatrix, and complicated both with a false passage at its entrance, which was liable to engage the bougie, and with an old fistulous sinus.

June 3d.—An impression of the stricture was taken with engravers' wax; but this being unsatisfactory in its indications, the gutta percha was tried the next day, and yielded from the orifice of the stricture, one of the three first impressions of which a sketch is given. In the course of the week, as the patient was able to bear the treatment, the false spur was removed from the bougie, as seen in the sketch, and the rod, guided by the flattened head, was passed into the true canal.

On the 16th, by the same guide, incisions were made with Ratier's instrument; and on the 23d, three weeks from the beginning of treatment, a small silver catheter was easily passed into the bladder and left there.

July 6th, the patient was able to retain a medium-sized flexible bougie for an hour or two without pain.

15th.—"Now introduces, and wears with ease, a No. 11 flexible catheter." The last impression is seen in the plate.

At this time he suffered from a severe constitutional attack. Pain in the scrotum, with swelling—general heat—pulse 100—tongue furred. On the second day, anorexia and nausea—pulse 116. Not relieved by an emetic. On the third day, pulse 160—much nausea. Being unable to discover other local difficulty, after careful exploration of the viscera and functions, and the patient looking badly, I determined to divide the scrotum on its posterior aspect; which was done. The patient being etherized and placed as for lithotomy, and with the valuable assistance of Dr. Townsend, a grooved staff was passed into the bladder, and an incision about three and a half or four inches long was made in the perineum, through the thickened callus, until, at the depth of nearly three inches, the sound was exposed and the urethra divided to some extent, and nearly as far as the bladder, for the purpose of dividing, if possible, the internal orifice of the old fistula. The source of the constitutional trouble appeared in a small collection of pus in the heart of the callus and quite near the urethra. During the three succeeding days the pulse was successively 128, 120, 90, with returning appetite and corresponding improvement in appearance.

From this time the patient steadily improved. Ointments, fomentations and poultices, compression and bandages, were applied as indicated, the patient soon taking into his own hands the treatment by bougies, of

which he wore or passed with ease the larger sizes, until in November the urine flowed in a good stream, with a drop or two from the perineum once in two or three days. The patient left the hospital, at the end of the year, with a bougie to gauge occasionally the calibre of his urethra, and much gratified with his improved condition.

Stricture of the Cavernous Portion, with Fistula. —— ——, æt. 72. "Reports that after exposure to cold eleven years ago, stricture was first troublesome. A year ago, after another severe exposure, stricture again came on, and was treated with bougies. Five months ago suffered from retention of urine, and at this time a fistula was formed below the stricture, through which most of the urine has since escaped."

Sept. 20, 1848.—"Now a fistula exists at the right side of the scrotum, of considerable size. Urine passes chiefly through this passage."

21st.—"A gutta percha bougie was passed, which retained, on being withdrawn, the perfect form of the stricture."

This impression, numbered 6 in the plate, was twice taken at the interval of two days, leaving no doubt of its accuracy; and exhibits a minute prolongation like the head of a snake, indicating an almost complete obliteration of the canal.

From this period till the end of the month the stricture was several times incised, and a number of impressions taken, the first of which, with two incisions, is represented at No. 6 *bis;* while the last is given at No. 8, showing how large a calibre the canal had then attained. The stream of urine was now tolerably free, while the dribbling of the fistula had decreased; and the canal being somewhat sore at the incised portion, I forebore at this time to pass an instrument into the bladder. A few days after, my friend Dr. Warren, Jr., who at this time succeeded me in the charge of the ward, informed me that an instrument had readily passed the former strictures into the bladder.

In the course of three weeks the patient left the hospital with a canal of good diameter, and provided with a flexible bougie for his own use. The fistula was not entirely healed, yet no urine passed by it.

It is well known that old fistulæ in the urethra rarely heal. On the other hand, the stricture which accompanies and produces them is capable of causing infinite mischief. A case of this sort occurred to me while the above cases were under treatment.

A patient, about 45 years of age, had a stricture of a number of years standing. Exposure aggravated it, with retention. The urethra burst behind the scrotum, and when I saw him on the fifth day, the penis and scrotum were tumefied and gangrenous. A little œdema only existed about and above Poupart's ligament; yet I deemed it advisable to incise, besides the former regions, the integuments of the abdomen on both sides. Much urine escaped from the scrotum and cellular tissue of the penis, while that of the abdomen appeared healthy in the course of an oblique incision in each iliac region three or four inches in length, and as deep as the tendon of the external oblique. Yet a few days sufficed to show that here, also, the cellular membrane beneath the superficial fascia was infiltrated with urine, for an apron of slough was soon formed between skin and muscle, as high as the navel and laterally backward, discharg-

ing profusely pus with urine, and the patient succumbed on the seventeenth day.

Both the first were cases of obstinate stricture of long duration. Both had undergone protracted treatment without success; the former in two hospitals; and the voluntary attestations of both, inasmuch as patients with old strictures usually get to be in some measure connoisseurs of local treatment, may be considered as having some weight in favor of the facility and efficacy of the treatment by gutta percha.

INFLAMMATION OF THE UTERUS.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In a former volume of the Medical Journal, I gave some account of two cases of Inflammation of the Uterus, occasioned in some degree by mental causes. The following case seemed to be the result in part of sympathetic action, and in part of catarrh.

I visited Mrs. ——— on Sunday, about six weeks after her confinement, which took place in a neighboring town. I was informed that she had suffered greatly from the state of her breasts, especially the left breast; cold applications had been used, and the milk dried up on that side. Two days before I saw her, the weather being pleasant, she went out for the first time. She was not so well in the evening after it: but the next day she rode about six miles to her mother's. In the evening, pain came on in the abdomen, and continued at intervals through the night, and increased to the time that I saw her, about 2, P. M.

She had the livid appearance of a person in the collapsed stage of cholera; pulse small and rapid, with violent pain in the abdomen, but there was no vomiting and no alvine evacuations. The pain was confined to the uterus, directly over which there was great tenderness; but none elsewhere.

For the immediate relief of the pain, I gave her forty-five drops of laudanum; and this was succeeded by about fifteen grains of calomel. Warm fomentations were applied to the lower part of the abdomen.

I saw her again about 5, P. M. I found the pain had been relieved by the laudanum; but, vomiting had come on and continued. I gave her now a scruple of ipecac. with five grains of calomel. I have great confidence in ipecac. as an anti-emetic. In common cases of continued vomiting, I have never found it fail to remove this symptom, after one or two gentle operations. It relieves the stomach from offending matter, produces an altered action of the minute vessels of the stomach, and increases the activity of the excernents. Its power in all these respects is greatly increased by the addition of calomel, which seldom fails also to secure an alvine evacuation.

I visited her again at 7, P. M. I found her countenance greatly improved, the pulse was better; the vomiting had ceased; and she was free from nausea. Some pain remained, but was quieted by ten drops of laudanum. I directed that if there was any return of pain, a blister

should be applied, and an injection given, composed of oatmeal gruel, with a table spoonful of oil of turpentine.

I saw her again at 10, P. M., and found her more comfortable.

Monday morning.—I found her appearance considerably changed. Countenance brighter, a good deal flushed. Pulse about 100, full and hard. Pain in uterine region much less, but the pain and tenderness have now extended over the whole abdomen, which is full, hard and tympanitic. She has much pain and difficulty in passing urine. I directed fomentations to the bowels; and a solution of Epsom salts;—to be repeated if necessary. Two doses containing half an ounce in each were given without effect. In the evening the enema with oil of turpentine was administered, and operated well. She took a pill containing about two-thirds of a grain of opium about 9, P. M.; after which she passed a comfortable night.

Tuesday morning.—Better. Pulse slower; less pain in abdomen. There is now great soreness and difficulty of turning in bed. I directed a febrifuge mixture, and an opium pill at night; fomentations to be repeated if necessary. Also spirits of nitrous ether, if the difficulty of passing water continues.

Wednesday.—Doing well. The difficulty of passing water has been relieved by the spirits of nitre and warm applications. Has now some pain in left breast; but has milk in the right, and can nurse her child on that side.

Thursday.—Fulness and tenderness of abdomen greatly subsided. Soreness less. Right breast very painful. I directed a poultice of bread and milk to the breast. The bowels being costive, I administered compound infusion of senna. Opium pill at night continued.

Friday.—Abscess of right breast broke this morning, and discharged, according to account, full a pint of pus.

From this time her health improved, and she gradually became well enough to sit up and go about the house. The breast continued, however, to discharge for some weeks. The poultices were continued.

The patient, in this case, presented, on my first visit, the worst aspect that I ever witnessed in one who recovered—very much worse than in either of the cases which I formerly reported, and in which the recoveries were much slower. If there ever is a case which requires the most prompt and decided treatment, it is such a one as this. I adapted the treatment to the symptoms. It is to be observed that on the first appearance of inflammation in the breast, probably, her physician directed cold applications. These were subsequently resorted to by the patient herself to "scatter the milk," as the breast continued troublesome. Pus had undoubtedly formed at this time; and the absorption of pus may have in a greater or less degree occasioned the subsequent disorder. After the febrile symptoms were relieved, there was comparatively little inflammation in the breast, and not sufficient to account for the formation of so much purulent matter. During the continuance of the uterine and peritoneal inflammation there was no symptom of inflammation in the breast, and the speedy breaking of the tumor and discharge of so much matter gave me much surprise.

Another subject of remark is, that as the milk did not entirely stop in the left breast, I allowed the child to nurse nearly every day except the first, as it appeared to suffer no evil from doing so; and I considered it important to have the milk drawn off. It was a healthy infant, and continued so.

This is contrary to the rules of nurses and mothers, who suppose that the child imbibes all the diseases of the mother in its milk. I believe, however, that nature is the best guide, and, if the mother is capable of nursing, and the child does not object to nurse, no great evil will ensue. Still, I consider it important to watch the effect upon the infant, and if it appears to injure it, to withhold it from the breast. I believe that the infant will generally run much more risk from the feeding employed as a substitute, than from its mother's milk, even when she is unwell. Of course there are cases when the child must be withheld on account of the situation of its mother, and the fatigue which nursing would produce; but in others, as in the case above recorded, this is the least of two evils. The fatigue of nursing was a less evil than that of having the milk remain in the breast.

TARTAR-EMETIC AND OPIUM TO INFANTS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In your remarks on Dr. Beck's Infant Therapeutics, you allude to the frequent use of *tartar-emetic* and opium by New England mothers for young infants. I, for one, rejoice that such a man as Dr. Beck has been willing to investigate and portray the evils of using these "Sampsons" of the materia medica, so common in the nursery. Not a community, probably, in this Commonwealth, but can bring out facts to prove that opium in some form will certainly put a quietus—yes, a final quietus—to the crying babe! Several cases of this kind have been reported to me. And I view tartar-emetic as little less dangerous. We all know the tendency of *tartar-emetic*, when externally employed, to produce eruptions and ulcerations. And why not produce a similar ulceration upon the mucous membrane of the bowels? I fear that many of the bowel complaints and *chronic diarrhœas* of children could be traced to the frequent use of antimonial wine given to allay fever or relieve a common cough from cold.

A case fell under my observation a few years since, which is to the point. A child, about 3 years old, of robust, healthy appearance, was subject to asthma. To relieve the turns of wheezing, the physician left a solution of antimony, with directions to give frequent doses until the child vomited freely. This, for a time, operated well; but the dose was enlarged, yet no emesis could be produced. True to the directions, the mother repeated the dose so frequently, that *hyper-catharsis* and general prostration began to alarm the parents for the safety of the child. I was sent for, and found him *in articulo mortis*. This dysentery, as they termed it, had been running for some days. He was now insensible, sphincter ani perfectly relaxed, surface cool and moist, constant rolling of

the head, livid countenance, indicating that the brain was suffering and death at hand. He died within a few hours—his death evidently caused by the too free use of antimony. Yours, N. B. Pickett.

Great Barrington, Ms., Jan. 29, 1849.

INFLAMMATION OF THE FAUCES AND GLOTTIS, RESULTING IN COMPLETE OBSTRUCTION OF RESPIRATION—TRACHEOTOMY.

BY J. B. HERRICK, M.D., DEMONSTRATOR OF ANATOMY IN RUSH MED. COLLEGE.

I was called, at 2 o'clock, A. M., of Aug. 8, 1847, to visit Frederick P., æt. 4 years. The father of the patient—who called me—seemed much alarmed; and, upon entering his house, I found his fears well grounded. The respiration of the child, which was so difficult and labored as not to permit him to assume any but the erect position, could be heard distinctly in distant apartments of the dwelling, and seemed to threaten immediate suffocation.

From the parents, I learned the following history of the case. About three weeks previously, they had noticed that the child manifested a sensation of pain when he swallowed portions of solid food; subsequently, a swelling appeared about the angles and base of the lower jaw; and still more recently, difficulty of breathing had been superadded, which latter symptom had existed ten days, and had been slowly but constantly increasing in severity, especially during each night. The excuse given by the parents for not calling aid sooner was, that "they had suspected the malady to be mumps, and thought their child would recover without medical aid." I found the patient in a high state of febrile excitement, with a swelling of the glands, similar in appearance, externally, to what would occur in a well-marked case of cynanche parotidea. Upon examining the mouth, I found the parts from and including the anterior palatine pillars and uvula, and extending as far back as I could discern, highly inflamed and much swollen; the uvula and anterior pillars so much so as to make the opening to the fauces quite small. I at once supposed the difficulty to be an abscess, or the lodgement of some foreign body, at the root of the tongue, and accordingly introduced my finger to detect it. I could, however, find nothing, and so far as the exploration could be carried, the swelling seemed to be general and uniform; even the tonsils did not assume more than a proportionate amount of the enlargement, to lead one to suspect them of having been the primary seat of the affection.

The epiglottis and rima glottidis—although the examination added so much to the difficulty of breathing, as of necessity to be made hastily and imperfectly—were found involved in such a state of inflammation and enlargement, as, together with physical signs, to leave no further doubt of the cause of the present urgent symptoms.

I commenced my course of treatment by scarifying the engorged parts; took a liberal quantity of blood from the temporal artery; gave an emetic of tart. ant., which had a good effect, and applied fomentations

over the seat of the inflammation. A slight amelioration resulted from these remedies. I returned home, after prescribing fomentations, and a solution of tart. ant. to be given in sufficient quantity to produce slight nausea.

Returning again, after a few hours, I found my patient so much worse that I thought proper to inform the parents that tracheotomy offered the only possible chance for relief. I explained to them the nature of the operation, and the uncertainty of its success. The case had now become so evidently critical that they readily gave their consent, and even urged me to hasten its performance, when they saw their child convulsed, and in the agonies of approaching death from suffocation. The operation was gone through with in the ordinary manner without any untoward occurrence, save the escape of a small quantity of venous blood into the trachea, which was expelled by a few efforts at coughing as soon as the canula was inserted. The relief was immediate and most gratifying. The convulsions ceased as soon as air was freely admitted to the lungs, and in a few minutes the patient fell into a quiet slumber. He was suffered to remain for several hours without being disturbed by the use of any other remedies.

I then directed a powder every third hour, composed of two grains of calomel, and one of ipecac., until three were given; to be followed by a dose of castor oil, three hours after the last powder. During the forenoon of the next day, he had several copious dark bilious evacuations, and the febrile symptoms gradually subsided, so that on the day following, the little fellow was so much better that he began to realize his situation, and was so chagrined with his new breathing apparatus, and at the loss of his voice, that he became very petulant, and could not be controlled by his parents, but had, during the remaining time he was under treatment, the liberty of the house and yard nearly as he pleased.

The subsequent treatment consisted in the use of a low diet; counter-irritation, by the use of ung. ant. over the affected parts, and the daily application of a solution of arg. nit.—8 grains to the ounce—to the inflamed surface.

The swelling externally gradually subsided, and, at the expiration of eight days, appeared considerably less about the uvula and pillars of the palate; but still I found, by closing the orifice of the canula, that air could not pass the superior opening of the larynx, and the removal of it would have resulted in instant suffocation. I now substituted the tinct. of iodine for the solution of nitrate of silver as an application to the inflamed surface, and continued the counter-irritation as before.

After using this for ten days, without any perceptible improvement in the capacity of the larynx for the performance of its functions, the use of all local applications was discontinued. I now excised a small portion of each tonsil, which was accomplished with difficulty, owing to the fact that they appeared but slightly enlarged, not sufficiently to obstruct respiration in the least. By this means, however, a small quantity of blood was abstracted from near the seat of the disease, and was doubtless beneficial.

I then directed three grains of iodide of potassium every third hour till twelve grains were given. This prescription was repeated for six

days in succession. The third day after I commenced its use, I was gratified to find, by the return of the voice, when the orifice of the canula was closed, that the case was improving; and, at the end of eight days —twenty-six days after the operation—I removed the tube, and closed the artificial opening to the trachea with a strip of adhesive plaster. The wound healed rapidly, leaving but a slight eschar; and since that time, the child has enjoyed good health, and the larynx and trachea have performed their functions perfectly.—*North Western Medical and Surgical Journal.*

DR. GUGGENBUHL'S HOSPITAL FOR CRETINS.

On a sunny slope of the Abendberg (Berne), at an elevation of between 3000 and 4000 feet above the sea level, resides a benevolent member of that profession which has produced more pure philanthropists than any other—a physician who has devoted his existence to the foundation and conduct of an establishment for the cure and prevention of cretinism. When it is known that hardly any country in Europe is free from cretinism—that, far from being confined to the Alpine valleys which intersect the great chain that forms the back-bone of Europe, England herself, especially in her south-western counties, is by no means exempt from the affliction—it does seem surprising that the first special establishment for its scientific treatment should have been founded by the exertions of an individual in the year 1840.

It was at that time that Dr. Guggenbuhl, a pupil of the well-known Dr. Schonlein, of Berlin, determined to devote his life and energies to the redemption of these lost outcasts of humanity. It is nearly three quarters of a century since Saussure pointed out, that cretinism is rarely, if ever, found higher than an altitude of 3000 feet above the sea. Further observation, and some partial experiments, have since proved that even temporary removal during infancy to a high situation on the mountains produces at least temporary improvement. Dr. Schausberger has cited cases from Pechlarn, on the Danube, in which healthy parents who came to settle in that locality had thenceforward only cretin children—while demi-cretin parents who had been born in Pechlarn, but removed to the hills, had had healthy offspring. Dr. Fodéré has carefully described the nature of the localities most calculated to foster it. A valley through which the river flows slowly—where the hills are clothed with a rich and thick verdure—where the habitations are surrounded and overhung by fruit trees—where the direction and position of the valley is such as to receive the whole of the sun's rays, and to be sheltered from sweeping winds—where marshes still further contribute to increase the humidity of the atmosphere—such a spot will be the strong hold of cretinism. It would seem to be produced, in short, by breathing a close, warm, damp air. The removal to a keen, dry mountain air is the main condition for successful treatment.

An English traveller who lately examined Dr. Guggenbuhl's establishment, thus describes his visit :—

"On reaching the open door of the modest but roomy and airy building, I encountered a female servant with a cretin infant in her arms, sent out for the purpose of exposing the child to the breezes which were sweeping the mountain side. Unannounced, I entered a large upper room, and was indeed most singularly impressed with the strange scene which presented itself. From the centre of the ceiling depended a cord, reaching to within two feet or so of the floor, and furnished at the end with a rounded staff about 18 inches in length. This was a contrivance to enable children unable or unwilling to use their legs to take exercise by resting their hands and arms on the staff, and thus swinging to and fro. An unfortunate creature, a female cretine, 20 years old, was thus swinging herself about when I entered. She is the only adult in the establishment. She was, I should think, between two and three feet high, horribly deformed, and though able to move about without aid, yet evidently she did so with difficulty. Still the air and regimen of the Abendberg had not been without effect even in this far-gone case. The complexion was healthy and the eye bright. She had sufficient intellect to go and come as she was bid—and she manifested the strongest affection towards the doctor. In one corner of the large room was a sort of climbing apparatus for exercising and strengthening the limbs of the children. On the walls were a variety of large prints and representations of various objects calculated to engage the attention and exercise the nascent powers of discrimination. In one part was a table covered with a variety of weeds, apparently recently gathered from the mountain side. These were for the purpose of teaching some of the more advanced pupils some rudimental notions of botany and vegetable physiology. There were about 20 children scattered in different parts of the chamber, of various ages from 5 to 10. The younger infants were elsewhere. All these were more or less manifestly and hideously cretins. A fearful and painful sight! and yet the tokens of amelioration and progress were so manifest, the beneficence of the undertaking so palpable, that to the reflective mind the sight ought to be rather gratifying than painful.

"In the midst of this strange school-room I found the doctor walking to and fro—superintending, directing, correcting, instructing, and, above all, conciliating the affection of his unengaging pupils by the unvarying gentleness and kindness of his manner. He received me with the greatest urbanity—was evidently pleased at a stranger's visit to the scene of his obscure but most valuable labors—and readily entered into conversation on the subject of them. He examined before me one of his most promising pupils, a now apparently healthy lad of some 9 or 10 years old. This child had been brought to the establishment when between 2 and 3 years old, in a state of rapidly progressing cretinism—and if left in his native valley would have become an utterly lost creature in body and mind. A number of questions were put to him by the doctor on subjects connected with natural history. He began with simple notions of the appearance of the mountains, of the nature of their covering of snow, of the temperature on their heights, &c. The doctor assured me that his experience proved to him that the explanation—even

somewhat comparatively abstruse—of what meets the eye, constitutes the food most easily taken by the newly-awakened mental powers.

"We then proceeded to view the other parts of the establishment, including ample bathing accommodation, and a magnetico-electric machine arranged for passing a current of electric fluid through the bodies of the patients when in the bath—a practice which Dr. Guggenbuhl stated he had found most serviceable in assisting the process of quickening the torpid vital energies. As we completed our round, the bell rang at mid-day for dinner, and the doctor pressed me kindly to dine with him and his family, *and his patients.* I would have done so had I not been expected back by friends at Interlacken. As it was, I left this admirable man—who, in the prime and spring-tide of his life, has devoted his entire existence to the obscure and cheerless task of passing his monotonous days far from all social intercourse, amid a class of beings from the passing sight of whom other men turn with disgust and shuddering, for the pure love of humanity and the strong desire to benefit his fellow creatures—with feelings of the liveliest admiration and esteem."

The governments of Switzerland have not shown themselves insensible to the interest which it behoves them to take in the question. Berne, from the first opening of Dr. Guggenbuhl's establishment, accorded him a yearly subsidy of 600 francs. Fribourg, Valais and St. Gall send children to him at the cost of their respective cantons, and two infants are sent from Neufchatel.—*London Athenæum.*

MENSTRUATION A NATURAL FUNCTION.

FROM THE INTRODUCTORY LECTURE OF PROF. G. S. BEDFORD, OF THE UNIVERSITY OF NEW YORK.

A COMMON error, I think, in practice, is to lose sight of the important fact that menstruation is a natural function; as much so, indeed, as respiration, digestion, or any of the other numerous functions more or less directly connected with the well-being of the economy. On what, in truth, does menstruation depend? Certainly not on the development of the womb; but essentially and exclusively on the maturity of the ovaries; these are the female organs of generation, and hence the propriety of calling them the *testes muliebres.* Suppose a young girl should have attained her 13th or 14th year of age—the period at which this function usually shows itself for the first time in our climate—and she should not menstruate. The presumption is that her friends would become apprehensive that something was wrong, and your advice would most probably be solicited. If you were careless and suffered your judgment to be controlled by the uneasiness of the parent, the course of conduct you would pursue under the circumstances, it would not be difficult to predict. The idea which generally pervades the mind of the mother, and of those to whom the direction of female youth is committed, is this: the system, they say, is too weak; it has not power to bring about this important change. Hence, the treatment consists in the administration of powerful emmenagogue medicines; iron, and the various tonics are also freely employed; and the poor child, after having been

subjected to this empirical practice for months, not only derives no benefit, but frequently finds her system shattered, and often, too, beyond the possibility of reaction. There are, I admit, cases in which it may become necessary for you to stimulate the sluggish condition of the system: but these cases, in my judgment, are to be viewed more in the light of exceptions to the general rule, than as guides for general practice. When the menstrual function does not appear at the ordinary period in the young girl, its absence may usually be ascribed to one of three causes: 1st. Imperforate os tincæ. 2d. Imperforate hymen. 3d. Defective physical organization of the ovaries; or, in other words, a want of maturity in these bodies. The first two causes merit the gravest consideration of the practitioner, for they have, in eluding his vigilance, sometimes inflicted the severest wounds on character, and brought ruin on immaculate purity. If, however, the non-appearance of the function be due to defective organization, or want of maturity in the ovaries, this result is at once indicated by the general appearance of the girl. She is, in fact, but a child; her physical appearance presents nothing of that fulness, and has undergone none of those changes, so perfectly characteristic of the advent of menstruation, and so directly dependent on the maturity of the ovaries. In the absence, therefore, of these physical developments of the system, you may, in almost every case, impute them to tardiness on the part of Nature in bringing these bodies to the usual state of maturity. If this reasoning be correct, the indication is obviously not to force Nature by drugging the frail system of the girl; but to place the latter under all the influences which common sense tells us are the best calculated to aid in accomplishing the desired object. These influences will consist in improving the digestive functions, exercise in the open air, generous diet, cheerful company, &c. Why, let me ask, does the infant walk? Is it not that its organs of locomotion are sufficiently developed to sustain the weight of the body, and thus afford it the means of progression? What would you think of the physician who, in the absence of this development, should attempt to accomplish locomotion through the agency of medicine? And yet there would be nothing more absurd in such efforts, than the attempt to induce menstruation before the ovaries have attained the necessary degree of maturity. This tardiness on the part of nature may be due to several causes; we know very well how remarkably the menstrual function is influenced by climate, race, education, mode of life, &c.; to these may be added the influence of certain peculiarities of constitution. These latter demand the special attention of the practitioner.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1849.

Structure and Diseases of Sheep.—Through the kindness of a valued correspondent in New York, we have been furnished with a copy of a compact volume by Henry J. Canfield, of Canfield, Mahoning Co., Ohio,

on the breeds, management, structure and diseases of a very useful animal. It is by no means beneath the dignity of any man to propose measures for improving breeds of domestic animals that administer directly to the comfort of society; and it should be regarded as the evidence of a refined humanity to endeavor to ameliorate the sufferings of the brute creation. That excellent and well-known oculist of New York, Dr. W. C. Wallace, whose approval of this work shows that philosophers and all persons of intelligence are likely to be gratified with the able undertaking of Mr. Canfield, thus expresses himself in a note under date of Jan. 11th.

"The author is not a member of the profession, yet he has handled the medical portion of the work very ably. He recommends sulphate of lime as a remedy for the rot, and has been successful in the management of his own sheep. The small doses in which the remedy is given, and the latter being well diffused through the food, prevents its setting as might at first be imagined. The existence of sulphur in hair, is demonstrated by the effect of leaden hair dyes, which darken the hair and whiskers, but leave the skin uncolored. Should sheep be pastured in a soil deficient in sulphur, the supply necessary for the large quantity of wool will be obtained at the expense of other structures, and occasion constitutional derangement. The solutio muriatis calcis of the older pharmacopœias is essentially given by the mixture of salt, gypsum and chalk, and is a good deobstruent. On the whole, the work evinces great research and experiment, as well as good sound sense."

If some person possessing scientific qualifications, would present the community a treatise on horses, which could be understood without a library of dictionaries, it would be of immense service. There is not a country on earth, probably, where that faithful servant of man, the horse, is so shamefully prescribed for when sick, as in this section of the United States. They are actually killed by scores through the rough, irrational course of dosing them when suffering from disease. It is quite time that a competent writer, like the one who has done such good service for the sheep, should commence a reformation in this long-neglected field of practice, the value of which could not be calculated by dollars and cents.

Epidemic Cerebro-spinal Meningitis.—S. Ames, M.D., of Montgomery, Alabama, is the author of an able pamphlet of 58 octavo pages, which gives an account of an epidemic cerebro-spinal meningitis which prevailed at that place in the winter and spring of 1848. A gentleman remarked the other day, that Montgomery contained an unusual number of excellent medical writers. We are quite sure that Dr. Ames must be one of them, from the circumstance that this production evinces a thorough familiarity with the intricacies of his profession, with enlarged views of the resources of nature, of art, and the duties of medical men. The description of the morbid anatomy of the disease of which the publication treats, exhibits the critical researches of Dr. Ames, while he lays us all under obligation for the pains and labor incurred in guiding practitioners through the labyrinth into which they are liable to be thrown by an epidemic alarm. The vascularity of the membranes of the brain—the brain itself; softening of its membranes; effusion; fibrous concretions; the condition of the spine, &c. &c., were each the subject of minute investigation. Then the spine, abdomen, &c. were carefully inspected with characteristic accuracy; and. finally, 16 cases are detailed, so that no mistakes can exist in the

mind of the reader, who is earnest in fathoming the true nature of the disease which called forth this excellent paper. At a proper place, Dr. Ames speaks of the course of treatment with a degree of candor, that shows that he is not, like some of the fraternity, wedded to a favorite system of practice, to the exclusion of all suggestions from competent sources. The following remark on quinine is worthy of recollection—" I have but little to say here, in favor of this medicine. Having been taught by experience, many years ago, that quinine was inadmissible in cerebral inflammation, both in children and in adults, I expected to gain but little from its use, and was not disappointed. I employed it frequently in the grave variety, to which it seemed most applicable, and sometimes with partial success. When the disease was attended with a fever which was regularly remittent, the meningitis appearing as an appendage, or as if engrafted on a remittent fever, quinine did occasionally arrest the paroxysms, but more slowly and with greater difficulty than in other fevers. As a remedy in other varieties, it cannot be recommended."

Dr. Ames had but little use for emetics. Cathartics were resorted to as adjuncts, and to effect particular indications—but not relied on as curative remedies.

Medical Application of Electricity.—Mr. W. F. Channing, of Boston, is incessantly laboring to better the condition of those, in all the circumstances of life, among whom the suffering are to be fouud. Although a young man, he has produced a book of some consequence to invalids. It is a practical treatise on the medical application of electricity. He says, in the preface—" No value is claimed for these pages beyond their connection with present experience. They are intended simply to facilitate the application of electricity to disease in the existing state of our knowledge, and it may be, to aid others, especially American practitioners, in advancing a high department in physiological knowledge." All the instruments referred to in the volume, are manufactured by Mr. Daniel Davis, Jr., near the Boylston market, Washington street, and Mr. Wightman, Cornhill, both of whom are distinguished for the ingenuity displayed in the construction and the beauty of finish of the apparatus manufactured in their establishments. The book is a 12mo, of 100 pages. Whatever can be serviceable to the practitioner in regard to this subject, is brought here directly before the eye. A multitude of cases are collected, exhibiting the positive utility of this extraordinary agent, scientifically administered; and, in short, those who have a disposition to become familiar with the resources of nature, when put under contribution by the physician, through the potency of electricity, will find enough both to surprise and encourage them. Copies may be procured of Mr. Davis, 428 Washington street, and Joseph M. Wightman, 33 Cornhill, Boston.

Doctress in Medicine.—The Syracuse Reveille contains a glowing account of the medical commencement of the Geneva (N. Y.) Medical College, at the close of the recent lecture term. Last season much was said of the sensation produced by a female student attending lectures in that institution, Miss Elizabeth Blackwell, who evinced a persevering determination to be regularly educated to the profession. She has finally triumphed, and the Reveille thus describes the public ceremonies, which took

place on the 23d of January, when the lady had conferred upon her the degree which she had sought:—"Next followed the presentation of the diplomas. All eyes were fixed in expectation. The young men, in groups of three and four at a time, were called upon the platform, and received their parchment—17 were graduated. Then was called, "*domina* BLACKWELL." Miss B. ascended the stage. The audience held their breath. The president rose, and pronouncing the usual Latin formula, delivered the diploma into her hands. Instead of turning away, she stood a moment, as if something remained to be done, and then, in a modest but audible voice, said—"*I thank you, Sir. It shall be the effort of my life, by God's help, to shed honor on this diploma.*" The feelings of the audience could be restrained no longer, and a round of applause testified their interest in this novel and exciting scene. Professor C. A. Lee then proceeded to deliver the customary address to the graduates. At the close of it he said—"An event connected with the proceedings of this day deserves some notice on this occasion, calculated as it is to excite curiosity and comment, and to be held up as an example for other institutions to imitate or condemn. I mean the conferring of the degree of M.D. upon one of that sex which is supposed to be wanting in the physical if not moral qualifications necessary for the successful practice of the healing art. So far as I am informed, this is the first instance, in this country, or any other, when a female has graduated in medicine, after having gone through the regular prescribed course and terms of study; and, in the present instance, it is my duty to add, without the omission or slighting of any branch of study, and that, too, in so thorough a manner as to leave nothing unattempted or unattained, which it is necessary for one to know, who expects to practise with honor and success in every department of the profession.

"Such an instance of self-sacrificing devotion to science; of perseverance under difficulties and obstacles next to insurmountable; of unremitting, unrelaxing toil, in pursuit of that knowledge so important to, and yet so rarely possessed by her sex—and that, too, for the purpose of mitigating human misery, relieving the sick, and extending her sphere of usefulness in the world—this, I say, deserves, as it will receive, the heartfelt approbation of every generous and humane mind. This event will stand forth in all future time, as a memorable example of what woman can undertake, and accomplish, too, when stimulated by the love of science, and a noble spirit of philanthropy."

Miss B.'s inaugural thesis, on ship fever, is published in the February number of the Buffalo Medical Journal. Its literary merits are above the average of such productions, and it manifests persevering and praiseworthy research.

Albany Medical College.—On Tuesday, January 23d, the annual commencement was held. There have been 100 medical students attending medical lectures during the past session, and of this number 20 young men, having passed a satisfactory examination, received the degree of Doctor of Medicine.

"Prof. Armsby delivered the valedictory address to the graduates, which was replete with interest and instruction. The address was characterized by all that beauty of diction and eloquence of sentiment, combined with affectionate counsel, which so manifestly renders the doctor a favorite professor in the college."

Strafford Dictrict Medical Society, N. H.—A session was held at Dover, January 17th, when the following officers were chosen:—John Morrison, M. D., President; Levi G. Hill, M. D., 1st Councillor; Jeremiah Horne, M.D., 2d Councillor; Ezra Bartlett, M.D., 3d Councillor; P. A. Stackpole, M.D., Secretary; J. H. Smith, M.D., Treasurer; P.A. Stackpole, M.D., Librarian; S. W. Jones, M.D., Auditor; Alvah Parker, M.D., 1st Orator; T. J. W. Pray, M.D., 2d Orator.

Drs. Noah Martin, J. S. Fernald, O. F. Elliott and Ezra Bartlett, Delegates to the American Medical Association.

Nicholas L. Folsom, M.D., and Thomas J. W. Pray, M.D., were elected members of the Society.

A very kind, respectful notice was taken of the death of the late Dr. James W. Cowan.

Medical Miscellany.—The total number of the cases of cholera in Great Britain from the first appearance of the malady, had reached, on the 3d ultimo, to 6,506, whereof 2,948 had died, 1,249 had recovered, and 2,819 were under treatment, or the result not stated.—Dr. G. R. B. Horner goes out surgeon of the U. S. frigate Savannah, and Drs. Randolph F. Mason and A. A. F. Hill, Assistant Surgeons, bound from this port to the Pacific Ocean.—The yellow fever is raging at Barbadoes. It appears that the Royal Artillery lost 15 out of 85 men; the 66th Regiment lost 5 officers and 40 men. The 73d lost 3 officers and 34 men.

Fortieth Volume of this Journal.—With this number is commenced the *fortieth* volume of the Boston Medical and Surgical Journal. Those who have contributed to its pages, and by their patronage and influence have also assisted in giving it an extensive circulation, have our heartfelt gratitude. Subscribers from the commencement of the work—those who cheered us on when the project of a Weekly Medical Journal was novel and hazardous—are now few in number. Death has swept them away, together with many others of the most learned and accomplished medical men in the Union, since the original prospectus was issued for this publication. But their places are filled by others, who are laboring with equal earnestness to elevate the medical standard of the country. The field for culture is constantly enlarging, and the zeal that characterizes the age in all departments of science, is energetically sustained in the division to which this periodical is exclusively devoted.

A correspondent suggests the utility of a complete index to the whole series of volumes—"one that would include," he says, "besides your own indices of each volume, an index of the various articles of medicine recommended in the Journals, and also the recipes, the symptoms, &c." He is aware of the fact that it would probably make a large octavo. As those only who are fortunate in possessing a perfect set would be likely to purchase it, and as the complete sets now on sale are very few, and their number cannot be increased without great expense, the work never having been stereotyped, the expediency of the undertaking is questionable.

Being one of the oldest Medical Journals in the United States, both the editor and the publisher are ambitious to merit a continuance of the favors of the medical public. A more compact arrangement of advertisements has been commenced with this volume, which it is hoped will prevent their frequent encroachment upon the body of the work. Advertisers who wish to address themselves to the medical profession, will find our advertising sheet a most advantageous medium. Further improvements are anticipated, without additional expense to subscribers, whenever circumstances may warrant them.

Subscribers who received bills in their numbers near the close of the last volume, and have not yet attended to them, are respectfully requested to do so.

We have on hand for early insertion in succeeding numbers of the Journal—"Remarks on the Conclusions of the Joint Committee of the Legislature of Massachusetts on the subject of Insanity in the State"; Prof. Shipman's first Letter on Medical Matters at the West; Dr. Kimball's case of extraction of a musket ball from the hip of a soldier in the Mexican war; Dr. Eastman's paper on the Treatment of Cholera; and Dr. Wait's Reply to Dr. Williams.

Died,—At Falmouth, Ms., Jarvis B. Chase, M.D., 61.—In Boston, Dr. Jesse S. Spear, 42.—At Sandwich, Ms., Jonathan Leonard, M.D., 86.—At St. Johnsbury, Vt., Dr. Jonas Flint, 88.

Report of Deaths in Boston—for the week ending Feb. 3d, 68.—Males, 34—females, 34.—Of consumption, 8—scarlet fever, 9—lung fever, 2—infantile, 9—dropsy, 1—dropsy on the brain, 1—convulsions, 4—canker, 1—disease of stomach, 2—disease of lungs, 1—disease of kidney, 1—disease of brain, 1—disease of heart, 3—hæmorrhage, 1—dysentery, 1—inflammation of the bowels, 2—inflammation of the lungs, 2—accidental, 1—old age, 3—palsy, 1—erysipelas, 1—pleurisy, 1—marasmus, 1—smallpox, 2—croup, 3—cancer, 1—measles, 2—child-bed, 2—burn, 1.

Under 5 years, 32—between 5 and 20 years, 2—between 20 and 40 years, 16—between 40 and 60 years, 5—over 60 years, 13.

On the probable Causes of Baldness.—A correspondent writes:—"It is true that heads more or less bald are very common. A sound set of teeth is very uncommon. Cannot the origin of both these circumstances be traced to civilized habits and the evils they bring in their train? And

"1st, To mercury; very few with bald heads have not been salivated.

"2d, To the shrivelling up of its tubes and the scorching of its bulbs—in head-dressing, *id est*, curling.

"3d, To the anointing of it with various compounds—all of which are injurious. (To try to make the hair grow by local applications—where the constitution has been injured in its tendency to production—is a farce.)

"Where the various kinds of grease are used, the glands or follicles cease to secrete any natural oil or moisture. The artificial injuriously supplies its place; for those who use unguents, find it necessary to continue to do so; those who do not apply them, find no want for them.

"It is theoretically the same with the skin over the whole surface of the body; cover it with moisture. you prevent exhalation; anoint it, and unless you continue to do so, you will have a dry, bran-like surface, for the functions of the sebaceous follicles will correspondingly cease."—*London Lancet.*

Hydatid in the Eye.—At the Eye and Ear Infirmary, at Glasgow, Canada, a girl, 16 years of age, having applied on account of loss of sight of her left eye, the cause was ascertained, it is said, to be "the presence of a living worm, hydatid (the *cysticercus* of scientific naturalists), in the eye, close before the pupil, which it completely obstructed. The species of animal consists of a round bag about the size of a small pea, from which on one side springs its body, which is a filament, consisting of numerous rings, and capable of being elongated and retracted at the creature's will. The body ends in the neck and head, and the latter is supplied with four lateral suckers. All this was plain to the naked eye in this instance, but appeared still more so when the animal was viewed through a microscope. As the existence of such a creature in the interior of the eye not only prevents vision, but ultimately destroys the whole textures of the organ, it was resolved to remove it by operation. This was successfully effected on Saturday last. The patient behaved with perfect steadiness, and found her vision immediately restored. The hydatid continued to live for more than half an hour after being extracted. As only four similar cases are on record, the worm excited much curiosity, and was examined by numerous visiters, both lay and medical."

Death of Mr. Samuel Cooper, F.R.S.—This distinguished surgeon, who, as is observed by Professor Gibson, of the University of Pennsylvania, in his sketches of eminent British surgeons, was "deservedly well known all over the world for the variety and extent of his surgical information," expired on the 2d inst., at his country residence, Shepperton, in the 68th year of his age. Mr. Cooper commenced the study of his profession under the first teachers of the day, and was particularly noticed by his assiduous attention to his studies. Having an intimate knowledge of foreign languages, he became conversant with the writings of the most celebrated medical men of France, Germany, Italy, &c., and carried on a correspondence with the most illustrious *savans* of Europe, to many of the universities of which he was a corresponding member.—*Lond. Lancet.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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REMARKS ON THE CONCLUSIONS OF THE JOINT COMMITTEE OF THE LEGISLATURE OF MASSACHUSETTS ON THE SUBJECT OF INSANITY IN THE STATE.

[Communicated for the Boston Medical and Surgical Journal.]

The report of the seven members of the last Legislature of our Commonwealth—a strong committee, certainly, in point of numbers—appointed to consider, in the recess, the measures best to be adopted in relation to the enlargement of the present Hospital, or the erection of a new one, and the different classification of its inmates, &c. &c., has just issued from the press of the State Printers.

Although no medical gentleman appears to have held a place on this commission, and notwithstanding the tendency which has long existed to throw the subject of the insane and their treatment out of the hands of the profession—in fact, to popularize this branch of pathological science, and include it within the same category as the prisons, houses of correction, and similar institutions—yet under the conviction that this misplacement should not be allowed silently to take place without the notice of the profession, the pages of this Journal have been selected for some remarks, instead of a more popular channel. If there be ought worth weighing in our views, it is through the physicians—the educated, elevated physicians of our State—that we wish them to reach the public ear, and claim the public notice.

If our memory serves, the original order or movement on this subject was introduced to the General Court by a physician. It also happened that, in the last year's body, there was an amount of talent and numerical strength of our calling, rarely to be expected at once to be engaged in such duties. What new changes of parliamentary etiquette have occurred to exclude the mover of a proposition from the head of the committee raised upon it, or those from their very vocation best fitted for the charge, from any connection with it, it is not necessary to inquire. Our present committee certainly are not responsible for a course so disrespectful and invidious towards the profession.

The present Report contains 28 or 30 pages. Its value, whatever that may prove on investigation to be, is in its recapitulation of the number and condition of the insane with us. For at this date, when the annual reports of insane hospitals have been scattered with a lavish hand for 15 years, until every family in the State must have had the

knowledge placed before them, it was hardly worth much effort to elucidate the utility of such institutions. The conclusions, as we shall be obliged to show, do not present any reliable element of value, or any basis on which costly and permanent investments can be understandingly made.

They find that there were returned, in reply to their circulars, asking the information, the facts that there are 1512 insane persons in the State, of whom 291 only are "*able to furnish the means of their own support.*" It is a very old remark, "that figures will not lie"; but it is nevertheless true, that unless carefully scrutinized, they are wofully apt to deceive. At first blush, the statement that only 291 are able to furnish their own support, strikes us as very extraordinary, unless the words are intended to be taken in an unusual sense. If it means that only these 291 individuals have of themselves adequate means for their support, it may, perhaps, be true. If it signifies that no more than this number have such resources, either of their own property, or that of friends, able and ready to support them, it must certainly be very wide of the truth. A single institution for the insane has some 123 citizens of this State, whose expenses are borne by themselves or friends; there were 83 *pay-patients* reported as being at the State Hospital last year; about 60 patients, this report informs us, are in private asylums, one half of whom, certainly, must be at private cost and residents of the State; at Brattleborough, at least 35 Massachusetts patients are on an average on their register; and at the Maine, Providence and New Hampshire institutions, it is known that there are always quite a number of pay-patients from our State, certainly not less than 20 in the whole. We also always note some of our citizens as returned from the more distant institutions. Adding up these known cases, it will be found that the whole 291 are at once accounted for! Now it is a well-known fact, that many pay-patients, that is, patients supported by themselves or friends, are sent to Worcester, apparently as paupers, while the friends stand behind the towns and meet the bills. This is because patients sent by the courts must be admitted, when private patients cannot, by law, be received. Again, who can doubt, on looking about his own circle, that at least one half of the insane, able to pay their own support, are not under the care of any institution whatever. If we consider the ratio that all the patients returned bear to the number actually in hospitals, this must be deemed a very moderate estimate. Hence there is some obvious misunderstanding or misreporting in these returns.

Now the idea of basing the necessity of a new hospital on the number of persons known to be insane, is extremely fallacious. For this bare fact actually gives but little insight into the practical question, how many of the insane are proper objects for seclusion and restraint. You surely would not recommend that every man who has an unsound mind, should leave home. Shall one half, one third, one quarter, or one eighth be taken as the ratio? Even of the insane not capable of being best provided for at home, how many will be better off elsewhere than in any asylum? Take cases of senile dementia, of what Prichard terms *rattle-headedness*, or merely troublesome flightiness, among paupers, how large a portion will be

better off in a rural almshouse, among their own people, engaged in the busy idleness of the farm, than in any hospital in the world. Again, of nervous, hysterical females, yet positively insane, and that for so many years as to leave the point of cure out of the question, how much better are many of them in their own homes. If they have property, how much more happiness will it secure to them so expended, than if they were placed amidst all the comforts and refinements of our best provided asylums, yet away from the sympathies of the domestic fireside. Nothing, in fact, is more absurd than the idea that all insane persons ought to be in hospitals. It, in fact, is a mistake, often recognized in hospitals for the insane, that they are obliged to receive patients who would be better elsewhere—who are insane enough, but not proper subjects for the peculiar modes of asylums.

Society practically recognizes this important consideration, which appears to have escaped the notice of our Joint Committee. The insane of New Hampshire were found, by as accurate a census as perhaps was ever taken, to exceed, probably, 500. Less than 100, from that State, have taken advantage of the excellent and popular institution built a few years ago for them, although the weekly rate is much below the average of village board. In Maine, in 1846, the statistics of the insane represented 625, besides as many more idiots, many of which latter were, no doubt, cases of dementia, and actually lunatic. This excellent, well-provided institution, second to no State hospital in the land for the adequateness of its provisions or the acceptability of its management, having been then before the public notice for 10 years since it had been commenced, had an average household of only 93 patients! Let us compare the present actual condition of the provision for the insane in this Commonwealth in the light of such approximations. By this report it seems that there is room at Worcester for 366, at Somerville for 180, at South Boston for 200, at private asylums for 60, making a total of 806. If there be added to this, those accommodations which this Committee term asylums, but which are the county houses, viz., Ipswich with room for 70 and East Cambridge for 40, the Committee would make the whole provision equal to that for 916, or for nearly two thirds of their whole number of all descriptions of insane. If hospital accommodations for two thirds of the grand aggregate do not meet the necessities of the case, what must be the condition of those great States which have provided only for 10 or 12 per cent. of their totals?

Or at this present moment: of the 7 regular curative hospitals of New England (throwing out of view the "insane receptacles" or county houses, which, strangely enough, our Committee classify and rank with veritable *hospitals*), all of which are within one day's journey of the metropolis, and in several of which the charges per week are lower than they ever can be in Massachusetts (for example, in the institution at Brattleborough the whole expense, per week, is $1,50 only), it would very rarely happen at any one of these, that a suitable patient cannot, after a short delay perhaps, be received. If there were a central bureau for distributing patients into the various hospitals, as the private means or other circumstances of each case would best recommend, estab-

lished in the city of Boston, as there is for the French hospitals at Paris, it is certain that a provision of $2,50 per week, the average charge at the State Hospital and even at the receptacles or county poor houses, would secure to every applicant a place in some unexceptionable curative establishment, within one day of the central office!

A community where access to hospital advantages is so ready and so cheap as this, cannot be deemed in a very pressing emergency for accommodations. If it be objected, that State lines must be crossed, the reply is, that out-of-the-State patients are received into our institutions, and the strictest nationality would hardly demand that boundary lines should be too prominently marked in a case like this, where no pecuniary burden was unwillingly thrown upon any party.

It is certain that our State Hospital is at times exceedingly crowded. Is it certain, that it would be so, if, according to its original design, only the patients "so furiously deranged as to be manifestly dangerous to be at large," as the statute prescribes, were received? or if only the poorer classes were admitted?

Is it not true, let us appeal to the excellent Superintendent, that practically all insane persons are received under the elastic unintelligibility of the words of the act? Are one half of the patients received there "so furiously deranged" that there is the slightest scruple, after a week or two of observation, in putting edge tools into their hands? Even when the law was so altered, a few years ago, that pay patients were required to remunerate the institution in $3,00 per week, so that the rich insane should not be receiving a bonus of their proportion of the thousands the hospital annually costs, was not this attempt to remedy an abuse, at once nullified by patients' friends, on ascertaining the law and its facility of being circumvented, making application to a neighboring court, and having their charge committed *in formâ pauperis?* Were not, during that year, or until the law was repealed from its *leakiness*, a very large number of persons carried to Worcester for the purpose of admission, referred to the Judge of Probate of that County, and dealt with as if the insane person, "so furiously deranged as to be manifestly dangerous to be at large," were accidentally found wandering about the streets of the village? It is not alleged that there was any wrong doing on the part of the institution or the court. The law offered so tempting an opportunity for a ready breach, that the rich lunatic, perhaps merely hypochondriac or troublesome, brought to the Hospital for private admission, remained a *pauper*, committed by court as furiously mad!

But to return to the little light that the mere statistics of numbers give upon the question of hospital accommodations required. The opinion of that noble, disinterested, untiring philanthropist, Miss Dix, would be much higher evidence as to any want of this kind, than these or all the statistical returns which could be made. She has measured and guaged the dimensions of this mountain of misery, here and elsewhere, as no one else could do. She has, or had, before her work led her off into more urgent fields, looked the vast mass of the insane with us in the face. She alone, of living persons, is capable of expressing an intelligent opi-

nion on the question whether New England requires any further hospitals for the common forms of insanity.

The Committee certainly has not materially added to our means of deciding this important question. It must yet be deemed as *sub judice*. On many accounts, if the necessity is not exceedingly pressing—if vicarious provision exists in adjacent States to relieve our institutions of a portion of those abundantly able to protect themselves, and to guard for the time against any actual suffering, there are many reasons why a respite of a few years would be very desirable. Great and important improvements in the construction and fittings of hospitals are being made; others already completed are being tested, to determine whether they are or are not models for imitation. The questions, whether Dr. Chandler's plan of reserving the Worcester Hospital for females—of Miss Dix's view of a very economical institution for chronic cases—of our Joint Committee's notion of a repetition of the State Hospital in another section of the State—of the scheme of having an institution especially for foreigners, are not ready for solution. The Committte slur over some of these as if there could be no doubt about their inexpediency, while intelligent persons of vastly greater experience, and who have reflected much upon the subject, either have arrived at a contrary conclusion or remain in doubt. It is very easy to decide, as if *ex cathedra*, that "to separate curable patients from incurable, as some have proposed and urged, is a measure uncalled for, and if adopted would be unwise. In every insane asylum, all the appliances of cure should be found; else it will be nothing more than a great mad-house for custodial uses." Miss Dix, in view of the notorious fact, that it is almost never that the insane of over four or five years' standing recover, and also that the cost of a mixed household of recent and chronic cases is probably nearly as great as if they were all recent—that the chronic and quiet imbecile are annoyed and injured by the contiguity of excited cases as recent ones are more apt to be, saw good reasons to prefer the separation of a portion of the hopeless chronic cases for better and cheaper treatment. Her plan was subverted by the enlargement of the Worcester Hospital by the *misuser* of the *Johonnot legacy for Essex patients*. Will the present intelligent head of that institution express his views upon the expediency of *great* hospitals—of institutions for over 250 patients? Will Dr. Brigham, or any other head of a *great* hospital, do the same? After their opinions are received, as they have often been given, individuals *may be* found who may believe that the overturn of Miss Dix's plan, by the hasty, ill-considered augmentation of that hospital, was a happy event for the cause of the insane. We opine that they would be few in number.

Again, the Committee dismiss the expediency of an institution for the Irish insane,* by declaring that it would "tend to an invidious distinction; a distinction not reconcilable with the humane and tolerant spirit of our age, and not in accordance with that lofty design of our institutions to make all who occupy American soil, American citizens."

This high-sounding, rhetorical flourish might be all very well in the resolutions of a party convention. It is certainly pronounced very au-

* About 300 Irish patients are already in our insane hospitals.

thoritatively. Is there anything in it? I am inclined to believe that there is nothing. It is affected that the foreigners, meaning Irish, of course, as these compose all the foreign population we have, would feel injuriously and unkindly disposed towards such a distinction.

I have conversed with many intelligent Irishmen on this point. They have uniformly appreciated the difficulties of treating their countrymen in association with others, when reason is no longer left to correct prejudices, and to reconcile asperities. They have too much understanding to allow a rhetorical bugbear, not of their own raising, to stand between them and the highest interest of the unfortunate insane. If a plan of such division were proposed from the necessities of the case, because good and just men found it to be best, and was carried out in good faith, my opinion is, that so far from arousing prejudices, it would be most gratefully received and accepted, as a kindly and regardful consideration. The notion that the Irish do not comprehend the difference between a wrong and an injury—between a kindness and an offence—is far more insulting to their character, than any timid intimations that they may feel insulted when they have no cause, can be complimentary to their feelings. I profess to know something of the Irish character. A man whose father and whose son have had natives of the "green isle" for their grand parents, may be presumed to have no unfriendly bearing towards the home of his forefathers. I would stake whatever reputation for discretion and judgment, whether much or little, I may have attained, that so far as the Irish are involved, the idea of separate hospitals for them when insane and feeble, would carry no more offence, than the provision of separate schools, as in Lowell, or of distinct churches.

Dr. Chandler's suggestion as to the removal of the males from Worcester, not only deserves consideration from the peculiar position in which that hospital has been thrown by the town crowding upon it in all directions, but on the broader doubt whether the advantages of having the sexes in juxtaposition in very large institutions, are not overbalanced by the disadvantages. The Committee make no allusion to these views in their section on classification.

I would not be understood as expressing any matured views or preferences as to either or any of these plans. The evidence is not adequate to the formation of a judgment, involving $150,000 of money, and ulterior consequences to science and humanity of still higher moment. Nor can it be considered that this Report has shed any conclusive light upon the necessity of another hospital, or its characteristics if really required.

The Committee, however, solve this question at once, and have found, off hand, a pattern, ready made, for a new institution. "The Committee unanimously recommend that a new insane asylum for the State be erected, * * * that it be constructed upon the plan of the New Jersey State Lunatic Asylum, at Trenton," &c. They also furnish an engraved ground plan of that institution, and a brief description of it.

It is exceedingly unpleasant to disturb the apparent confidence and

self-satisfaction with which our Joint Committee *unanimously* regard this specimen of insane hospital construction.

The form and arrangements of a hospital for the best care and treatment of the insane, constitute an instrumentality towards the end designed, almost as peculiar and specific, as a mill or a manufacturing establishment for its intended purposes. The treatment of the insane is, and until a better understood pathology shall have thrown more light upon therapeutic measures, will continue to be, essentially *moral.* Everything in the patient's existence must be so arranged, as to give the fullest, least interrupted opportunity for the play of the recuperative powers of the constitution. The mutual attrition of patients' minds upon each other; such classification or the arrangement of different forms of disease, temperament, moral and intellectual cultivation, and the like, as that good and not injury may result from companionship; a power of vigilant inspection both of assistants upon patients, and principals upon assistants; facility of hourly attention and service; a hygienic condition of the medium of life by a complete system of air and heat supply; facilities for the perfect cleanliness of the person and quarters, are all elements of that moral treatment so indispensable. All these depend, in a high degree, upon the construction of the edifices and their appendages, in which considerable numbers of persons laboring under the different forms and degrees of aberration are to be aggregated, and subjected to the use of means, during the long months that the speediest cases of recovery ordinarily require.

Hence, for many years, the architecture of insane hospitals has been a peculiar province of art, in which the skill of the architect and the experience of the scientific and expert must be combined, in order to attain the highest practicable excellence.

Unlike other forms of the constructive art, a model well fitted for a certain combination of circumstances becomes useless, or nearly so, under a change of requirements. The European world is full of abortive attempts of the mere architect to construct what, in fact, is not merely an edifice, but an instrument. A vast many such failures have been razed to the earth, or adapted to uses originally undreamed of, long before the beauty of newness had been erased by the hand of time.

Did space permit, it would be an interesting topic to follow the changes of these edifices, until after the great Parliamentary inquiry of 1816, and the establishment of a cordon of country hospitals from one end of England to the other, when a general outline was recognized as that which, upon the whole, met the most of the great desiderata. The class of edifices then fixed upon, forms essentially the model upon which our American institutions have been constructed. Unfortunately the model was antiquated before we commenced copying it, and has been since replaced by a much more complete and scientific pattern. In fact, a writer as late as 1845 observes that he saw insane hospitals in England quite equal to any then extant with us, in the process of being taken down. It is a melancholy topic to cast one's eyes over the new institutions, built within the last 15 years in the United States, and have the conviction forced upon the mind that they were far in the rear of the

age, when they were created, and must all be re-built by the same generation that built them.

The old-fashioned plan referred to consisted of a central mansion for the dwellings and offices of the heads of the institution. A wing extended right and left for patients of each sex. These wings had a central corridor, with sleeping and other rooms opening upon it, and a window at one or both ends. A day or sitting room was made by leaving the space of two rooms into one. The whole had three stories, and with separate or adjoining lodge or strong rooms, furnished accommodations for four divisions for each sex. This was its extent of classification. Its inspection was confined to the services of the attendant in charge by day ; at night, his room, being merely one of the sleeping rooms, gave him no power of oversight or hearing. The heating and ventilation were furnished by a hot-air furnace below, and upright flues opening into the attic from the top of the rooms, carried up in the brick partition walls.

Any one who has visited any of the asylums built more than 4 or 5 years since, and unmodified, will realize the exactness of this description.

The first important change which was made abroad, was in confining the rooms to one side of the wing, leaving the gallery on the other. This was to obviate the dark, gloomy avenue, as it necessarily was, as it often extended 100 or more feet, with one or two small windows at the ends only. *No hospital built within the last twenty-five years in Great Britain has had rooms on both sides.*

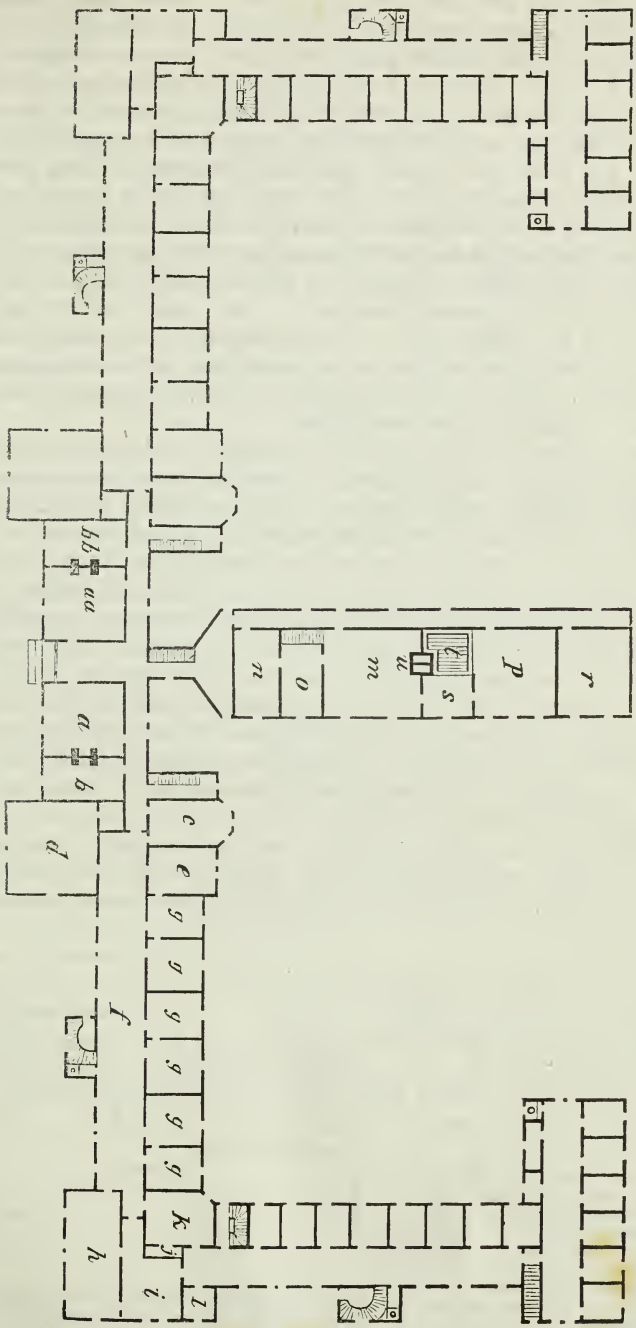
The next great improvement was in having a room for the attendants, so situated that one attendant could command a view of his own gallery, and perhaps an adjacent one while its immediate officer was momentarily out of the way. This room allowed the attendant to be constantly in sight of his charge, when engaged in shaving his patients, examining their clothes, making memoranda of various kinds required, &c., and at night commanded an adjacent dormitory in which patients who were feeble, or ill, or suicidal, lodged. The sketch will explain this. The attendants' room, *i*, through glass doors allows a view down the whole galleries, and also into the dormitory *h*. Being also in front of the ranges of rooms instead of one of them, any noise reaches his ear at once.

This central inspection room is the greatest improvement in construction within the last 20 years ; in fact, since the omission of the dark central corridor.

The last great improvement is a system of exhaustive ventilation through the means of a lofty chimney, placed at a central point and withdrawing the foul air from every room.

The New Jersey Asylum is one of the most recently built institutions. Its plan is peculiar, having a most striking and beautiful elevation, although rather too ornamental and imposing for its purposes. Its style would be better fitted for the capitol of a great State, than for the home of the pauper insane. Its elevated basement, its immense stucco pillars, its heavy dome and Italian campaniles, its projecting Tuscan roof, all indicate the finest taste for external beauty in its architect, Mr. Notman, of Philadelphia.

Its internal arrangements have no origin which probably any individual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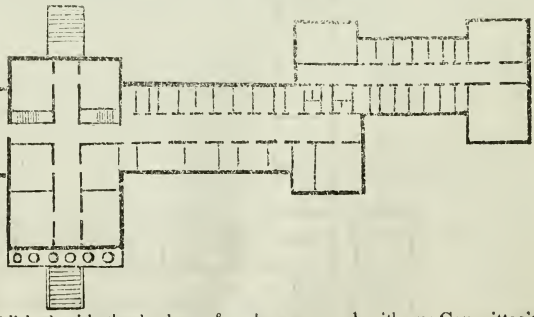
would care to claim the credit or responsibility of as a whole. Some of the New Jersey papers speak of it as the work of Miss Dix. There may be parts of it, she would admit, but much, we are confident, that she would disclaim. So with the physician of the Pennsylvania Hospital. He was consulted, and recommended some ideas, but disavows any responsibility, as we understand him, beyond some suggestions. A single fact will show how little a governing professional mind presided over the getting up of the plan. If the ground plan, a copy of which accompanies our Joint Committee's report, be closely followed, it will be noticed that the front doors of the mansion are the only places for the exit or ingress of patients and others! a curious omission, cured, as were many other equally grotesque blunders, by new doors cut through the outside wall by the direction of the present head, on his taking charge. *It has the central corridor, long since given up in all new asylums. It has nothing of that great modern feature, a central inspection room for attendants. It has no forced ventilation.*

Its ground plan is quite peculiar and unique. It has the usual wing proceeding from the mansion house. After this wing was continued as far as a due relation to the size of a class or family of patients will permit, instead of turning at right angles, as is the modern plan, such as our cut exhibits, the second wing is thrown behind the first in the same lineal direction, and lapping on for about one third its length. This makes the whole length about 500 feet from one extreme to the other.*

This notion of wings in the same line, but one in the rear of the other, was no doubt obtained from a hasty sketch of the late Dr. T. G. Lee, which was printed on the cover of the annual report of the Prison Discipline Society, for two years or more, in 1835 and 36. At first sight, it would seem to have one advantage over turning the wing at right angles, viz., that of removing the noise and power of speaking across from one wing to the other. In the modern designs, of which our cut may be regarded as one, as respects the general outline, it will be seen that by having the galleries in front, and a projecting rear wing between, for the chapel, kitchen, and domestic offices, this difficulty of cross communication is entirely overcome.



* Finding that my description would not convey a clear idea of this arrangement to one whose attention had not been turned to this class of subjects, I have reduced the Committee's plate to a smaller scale, and had it cut by a wood engraver. It is a curious fact—illustrative of the idea before thrown out, that no single governing mind was charged with the composition of this construction—that it was, to a considerable degree, "a thing of shreds and patches,"—that if the plan of the building, *as it now is made*, published with the by-laws, &c., be compared with our Committee's plan which was made prior to any actual occupancy of the asylum, some extensive changes will be noted, even to the removal of the walls of the main rooms, in the centre part. The centre and one wing only is represented, the other being identical with that shown.

The disadvantages of this plan were found, on a moment's reflection, so great and irremediable, that Dr. Lee's sketches never were thought of being put in practice, until Mr. Notman, probably anxious for a long and striking elevation, adopted it. *The opinion is boldly hazarded, that it will never again be fixed in bricks and mortar!* A glance at the prominent difficulties in this form of building, besides the essentials before named, will give the grounds for this opinion.

1. The kitchen must be in the basement of the mansion house and wings, one or both, and all the appendages for washing, ironing, baking, &c. The vapors and odors of the kitchen and laundry operations for a family of 300 persons, prevent the possibility of a pure, dry atmosphere throughout.

2. It necessitates the throwing up the whole edifice the height of a whole story of basement, for there must be a cellar for furnaces, or steam or hot water heating, still below the kitchen level. Every person connected with the establishment is obliged daily to clamber up the unnecessary steps, which are avoided in the form known as the E.

3. If an exhaustive ventilation is expected, as of course will be the case in any edifice hereafter to be erected, the horizontal flues must be inordinately long. In our cut, the exhausting chimney is at *n*, and the upward force is attained by the heat from all the fires used in heating, cooking, baking, &c. A flue under ground leads directly to the wings.

4. The court yards for airing, in this New Jersey form, are overlooked by wings other than their own, which is not the case in the usual form, represented in the cut.

5. The chapel, instead of being approached from all quarters through a few steps, as for example through the door near *k* by the stair case, must be reached by patients coming from the distant ends through the galleries of other classes—an exceedingly objectionable feature.

7. The lodge buildings must be entirely detached from the main buildings, instead of being thrown far in the rear, with rooms intervening to break the noise, as in our example. Here the windows, it will be noticed, look into the rear, and the great problem is solved, by which the patients who are most furious and vociferous are not separated from the rest, yet the house is protected from their annoyance. The importance of having the parts of the house occupied by this defenceless class, most readily inspected and approached, can hardly be over estimated.*

There are many minor points of detail which might be suggested, that in our opinion, taken in conjunction with the great defects adduced, would wholly forbid the adoption of the New Jersey plan as a model. Without wishing to underrate its good points, its surpassing beauty of exterior

* The celebrated Samuel Tuke, in a note to Jacobi on hospitals for the insane, in speaking of the position of the rooms of the worst class, observes:—"The annoyance which they may occasion to the other patients was not overlooked, but the evils of neglect to which it was thought the worst patients would be exposed, by being detached from the main building, were considered greater than they were likely to inflict upon others. I may mention, by way of illustration, that the Committee of the Retreat, not long ago, had almost determined to erect distinct wards for their worst patients, when the scale was turned against the plan by the experienced matron of that institution, who implored the Committee not to remove that class from her most easy observation, as with her utmost efforts she could hardly secure for them the treatment and care which she considered essential."

architecture, which naturally enough might bias persons not familiar with the real requirements of such institutions, its brilliant lighting with gas, and its costly apparatus for warming by steam, we are compelled to believe that the progress of insane hospital architecture has not been advanced, in this costly undertaking, in a single point; while in many essential particulars, it is of a past age and fashion.

The plan accompanying these remarks is the original outline from the report of the agent sent by the Butler Hospital to Europe, in 1845, to examine the most recent structures for the insane. The Butler Hospital was constructed in accordance with it, except that the heating and ventilation were totally altered. The same plan has still later been followed *throughout*, by the Provincial Hospital of New Brunswick. The plan was composed, in its exterior and interior, from three of the latest and best British Hospitals, at Glasgow, Northampton and Maidstone. The cost of the two erections, in accordance with it, the exterior of one being in the Elizabethan style, with sandstone facings—the other Tuscan, is supposed to be about $70,000 each. The accommodations are for about 140 patients, giving an average of $500 per patient. The design in both these institutions was to accommodate a portion of high-paying patients with very superior apartments, in order that the general rates for the poorer patients might be kept as low as practicable. It is introduced here, not as an example, at all, of what a large institution *exclusively for patients at one price*, should be, but to illustrate certain great and indispensable improvements of recent date.

It is with undisguised pain that the writer avows his want of coincidence in the report of this respectable Committee. That there enters into his mind no iota of pique or prejudice he is confident, for the flattering reference to the institution with which he is connected—the complimentary request that he would present his views in writing of the topics of their research, would have disarmed any criticism not based on profound and conscientious sentiments of public duty. Had not indisposition prevented, he certainly would have given the observations and experience of a personal connection with the insane, getting to be near the head of the list, as measured by years. Had he had the slightest suspicion that the architectural plans were comprehended within the scope of their charge, no common obstacle should have prevented his saying *then*, what would have been much more pleasant, than what duty has urged him to say *now*.

GUN-SHOT WOUND—BALL IN THE HIP THIRTEEN MONTHS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case has been thought sufficiently interesting and important to deserve publishing. If you should so consider it, you will please give it insertion in your Journal. Yours respectfully,

Lowell, Feb. 1, 1849. G. Kimball.

George Church, a soldier of the Massachusetts Regiment during the

late campaign in Mexico, was shot down in the battle of Molino del Rey, on the 28th of September, 1847. He was taken into hospital the evening of the same day, and fell under the charge of one of the chief surgeons, Dr. Satterlee. It was found, upon examination, that a wound had been received in the hip—that a musket ball had entered just anterior to the great trochanter, and made its way, apparently upward and forward, towards the anterior superior spinous process of the ileum. Attempts were immediately made to extract it, but they were unsuccessful. The wound healed very slowly, and it was not till nearly the end of five months that he was able to leave the hospital. He then returned home to Massachusetts, and gradually became so far restored as to be able to engage moderately in the common duties of farming. In the course of a few months after this, some 10 months from the date of the wound, he was seized with a violent paroxysm of epilepsy. Three weeks after, he was seized with another, still more violent; and thus they continued returning at intervals of every two or three weeks, till the latter part of October, 1848, when, at the suggestion of Dr. Guiteau, of Lee, his attending physician, he came to Pittsfield for the benefit of a surgical consultation. The result of this consultation was an unanimous conclusion that the epilepsy had been induced by the wound in the hip—that a ball or some other foreign body, lodged there at the time the wound was received, was implicating some important nerve—and an operation, with the view of its dislodgment, afforded the most reasonable chance of relief. This operation, however, was not pressed with much earnestness. The efforts of the army surgeon, to the same end, had proved abortive in the first instance; and the present circumstances of the case certainly gave no very flattering assurance that a second attempt would be more successful. However, the proposition was readily embraced by the patient, and the operation accordingly performed on the 28th of October.

A fistulous opening, sufficient to admit a common-sized probe, indicated the original course of the wound, to the extent of some three inches, and in a direction, as before stated, towards the anterior superior spinous process of the ileum. As a most critical examination of the parts had hitherto afforded no idea of even the probable location of the ball, it was thought best to endeavor to reach it by tracing, if possible, this fistula through its entire course. A grooved probe was accordingly introduced, and pushed forward till it came in contact with the surface of the ileum. Upon this, a straight bistoury was introduced to the same extent, and the fistula, thus far, laid freely open. Its further continuation and direction were now detected, though with difficulty, from its course having been so entirely changed. A long probe being introduced into this new branch of the fistula, it was made to pass some 8 inches backwards and downwards, making its way along the surface of the bone, just under the crest of the ileum, till it reached the ischiatic notch, when it fell directly upon the ball, which was situated, it would seem, very near to, if not in contact with, the sciatic nerve. An attempt was now made to bring into service the ball forceps; but the length, the narrowness and unyielding callous walls of the fistula, rendered them quite useless. It seemed necessary, therefore, to lay open this passage still further,

and it was accordingly done to the extent of some 5 inches. Again the forceps was introduced, the ball readily laid hold of, and a good deal of force applied; still it refused to yield. A bistoury was now passed into the bottom of the fistula, and the callous tissue immediately embracing the ball, carefully divided at several points, so that upon a third application of the forceps, it was brought away with comparatively little force.

This operation, undertaken with a good deal of reluctance, and, in view of the circumstances of the case, with serious misgivings as to its success, has been most satisfactory and gratifying in its results. From the day it was performed to the present time, there has been no return of epilepsy; and the patient's health, which had previously been most seriously impaired, has now become so far restored as to make it safe to pronounce him perfectly well.

MEMOIR OF THE LATE ALEXANDER C. BECKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Died, suddenly, at Cambridge, Mass., on the 15th ult., Alexander C. Becker, M.D., aged 34.

Dr. Becker was by birth a Russian, born at Archangel, of a highly respectable family of German extraction. Having lost his father while young, he was sent by an uncle to England, for his education. He returned to his friends in the north of Europe, at about the age of 19. He had had, from childhood, an earnest desire to prepare himself for the medical profession. But, as this did not receive their sanction, he engaged in commercial affairs, which subsequently led him to America; and he resided for some time in New York, travelling occasionally in different directions, from thence, as the business of a foreign agency required.

He married a daughter of the late Rev. Dr. Tuckerman, of Boston; and, after passing a year or two with her in Europe, he returned to the United States, dissolved his commercial connections, and, induced partly by the example of a brother of his wife, who was agreeably settled on one of the great lakes, went to try "life in the West."

He suffered severely, there, from disorders of the climate, as he had done previously from those of tropical regions; and was obliged to remove again to the sea-board. In his efforts to regain health, his early predilection for the life of a physician returned with new force, and he determined to indulge it. Indeed, he had so much intelligence in medical matters that his friends, and even his physician, recommended him to do so.

He pursued his studies *con amore;* and having gone through the regular course at the University of New York, received his diploma from Dr. Mott.

After a short practice there, he had a pressing invitation to establish himself at Natchez; and listened to it so far as to visit that place, for inquiry. He decided against it; but remained there too late in the season,

and fell ill with fever. When he rejoined his wife and children, who were with their friends near Boston, he was greatly enfeebled, but still anxious to pursue his studies with an ardor beyond his strength, and soon after had an attack of paralysis. He recovered in a great measure, and at the suggestion of some of his medical friends, established himself a few months since at Cambridge, where he soon found an encouraging prospect of success opening before him. With a nice perception of the causes of disease and prompt discernment in the choice of remedies, he had a kind heart, and the agreeable exterior of a polished man of the world which seemed to fit him, in an eminent degree, for the duties of his profession.

In his intercourse with Germany, his attention had been drawn to the subject of homœopathy ; and while he had observed that it is regarded by many here, as sheer absurdity, from the incredible theory on which it has been supposed solely to rest, he knew that there are men of great learning in Europe who reject the extravagance, and yet attach importance to the system ; and he believed it was best that the subject should be fairly examined.

With this view he agreed to become the editor of a quarterly journal designed to give judicious selections and translations of what might appear in France and Germany, in reference to this theory. Having a fluent command of the several languages, German, French and English, such as is rarely combined, in one professional individual, and an ardent desire for truth, which aimed at the welfare of the patient as paramount in importance to the support of either hypothesis or dogma, he came well prepared for the undertaking. The first number appeared at the commencement of this year, and gave promise of ability and fairness in the performance, which drew commendation, even from opponents. It was favorably noticed in this Journal under date of January 10th.

But, unfortunately, his health, shattered by repeated attacks in various climates, was unequal to the tasks which he imposed on his strength ; and within the following week, while engaged in laborious preparation for his second number, he suffered an attack of apoplexy, or congestion of the blood, and died in a few hours.

His death is deeply regretted by those who had known him, as a physician, and in domestic life, where he was eminent for the kindest affections of a husband and father, and for the urbanity of a man of refinement and intelligence, which rendered him peculiarly agreeable as a member of society.

[The foregoing short sketch of Dr. Becker was drawn up at our personal solicitation. We had an interview with Dr. B. for a few minutes, not many days before his death, the first and only time we ever saw him. On that occasion he explained his views in regard to homœopathy, and it was gratifying to discover that he did not feel himself obliged to abuse the old-school physicians, because he had espoused the new system, as it is called, which assumes all the phases of a bold but refined quackery in the hands of many who are poor representatives of the doctrines of Hahnemann. If all medical men were influenced by as much kindness of manner and heart, as existed in him whose early death we are called

to notice, the medical profession, under its various systems of practice, would live in peace, and gentlemen would recognize the claims of gentlemen, however much they might differ on the subject of the theory of medicine.—EDITOR.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1849.

Report of the Commissioner of Patents.—An examination of the annual report to Congress of the Commissioner of Patents, for a copy of which (an octavo volume of 1000 pages) the Hon. Edmund Burke will please accept our thanks, we discover that the economical arts are making constant advances, and science is pouring a flood of light on the researches of man in the praiseworthy attempt to better his physical condition. Charles G. Page, M.D., Professor of Chemistry in the Columbian College, Washington, one of the examiners of patents, is an important, and, we should suppose, almost indispensable man in the department. His accuracy and patience for investigation are unrivalled; but beyond these qualities, the scientific accomplishments which are associated with his name, give weight to whatever emanates from his pen. Among the various official returns from the assistants to the Commissioner, the first in point of value is by Dr. P., arranged under the division of agriculture, chemistry, caloric, fine arts, surgery, and artificial incubation. To follow Dr. Page through the series of subjects on which he has commented, would occupy too much room in this place, and the little that can receive particular attention can only be referred to hastily, which may serve to direct those interested in the subject of patents, to the great record itself. It will there be seen that in many instances gentlemen of commanding influence, connected with the medical profession, are induced to seek pecuniary profit from their ingenuity.

In 1848, 17 patents were granted under the head of surgery—although Dr. Page says that under that class inventions were included, not strictly surgical. Even baby-jumpers happened to be placed there, as well as a contrivance for hatching eggs! As all the schemes for inhaling ether, for which patents have been obtained, are considered of no value whatever, since a bit of sponge or a pocket handkerchief is superior to them all, it is unnecessary to dwell upon them. On chemistry, embracing the consideration of gutta percha, and the variety of uses to which it may be applied, in connection with its history and method of working it, Dr. P. appears perfectly at home. The subjects of the bleaching of resin, shellac, the improvements in sugar making, photography, Professor Schonbein's history of his discovery of gun-cotton, and the purification of liquids by galvanism, give an unusual interest to the first part of the Commissioner's report. Those of the medical profession who may be carrying on investigations in regard to any of these matters, would find peculiar assistance from this volume. Through members of Congress, copies may unquestionably be procured.

Lectures on Embryology.—Through the energetic determination of the editors of the Boston Traveller to furnish their excellent paper with whatever can be useful and instructive to their patrons, a series of lectures, recently delivered at the Lowell Institute by Prof. Agassiz, were reported phonographically, with extraordinary accuracy, by Dr. Stone, and given immediately to the public, with a great number of illustrations on wood. These lectures, which were admired by all persons of intelligence who were so fortunate as to attend the course, have just appeared in a thick pamphlet, with the numerous xylographic cuts. It is a publication that should be in the hands of every person who has a particle of interest in physiology or natural history. Nature's secret cabinet has been unlocked, and some of her wonders in the plan of creation beautifully exhibited, in this admirable scientific performance. Our medical friends, of all others, would be gratified with the publication

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Massachusetts State Prison Report.—Among the published documents of our legislature at its present session, is the report of J. W. Bemis, M.D., physician of the Charlestown State Prison. It is a sensible paper, just such as was necessary. Ninety convicts were in the hospital the past year, giving 875 days to sickness in all. Invalids admitted temporarily, that is, for a day, 573—making in the whole, an average of four days a piece for all the prisoners—the number of convicts being 410, and the general average as high as 287. Four hundred and twenty-five days of light labor were prescribed. Dr. Bemis's system of management has contributed to this gratifying result. Three died of consumption. The average period of imprisonment of all those sentenced for life to the State Prison since 1818, in all 125, has not exceeded 7 years. Nineteen of them died in prison after an average confinement of 7 years. Yet there are others who have passed more than thirty years there, at different periods. One has arrived at the 33d year! Cases of lunacy were quite rare the past year. Good health now appears to characterize the institution.

Kirkes & Paget's Physiology.—Messrs. Lea & Blanchard, Philadelphia, have copied the text of the English edition of this work without alteration. Formerly this was called a *hand-book*, but it now takes the title of *manual*. Although the illustrations are on wood—118 in number—they appear exceedingly well. It is really an excellent work, and for students it is one of the best within reach. On the development of organs, the authors are instructive beyond most of their predecessors. A series of critical observations on the evolution of the vertebræ, column and cranium, face, visceral arches, extremities, vascular and nervous systems, organs of sense, respiratory, urinary and sexual apparatus, accompanied as they are by drawings that clear away obscurities, render the latter part of the manual a fascinating and instructive book. The chapters relating to the circulation of the blood and the nervous system are also admirable, and exhibit advantageously the industry, discrimination and research of the authors.

Professor Yandell on Etherization.—A learned discourse was given by Prof. Yandell, on the 18th of December, before the Medical Society of Louisville, Ky., which seems to have been appreciated, as it deserved to

be, by the members. He evidently regards the discovery as a matter of transcendant importance to the world. A multitude of cases are narrated, which constitute a kind of history of the success, as well as the failures, of etherization. At the close of the 36 pages, the learned gentleman gives rules for the administration of anæsthetic agents, which may be studied by practitioners, to the mutual advantage of themselves and patients.

Dislocation and Ossification of Joints.—Mr. Richard Morehen, of Standfordsville, Duchess Co., N. Y., we are informed by a correspondent, has been confined to his bed for 25 years. During the first year after his attack, his knees were dislocated and ossified, and subsequently other joints in his lower limbs were drawn asunder and ossified. Two years after these disastrous afflictions, his pains became less acute, and being naturally industrious and ingenious, he commenced making shoes, whips, and such other articles as he could, while lying in bed. He thus helped to maintain himself, and for 11 years he continued to work, until his arms were dislocated and became ossified. For the last 11 years he has been unable to help himself in the least. His jaws were set some years since, and his teeth have been broken out, that food might be placed in his mouth. The only joints he is now able to move are the extremes of his index fingers, and one or two joints in his toes.

New Adhesive Mixture.—Dr. Sanborn, of Andover, Mass., has made a new adhesive preparation that is likely to prove a prominent rival to the collodion. Gutta percha is dissolved in chloroform, having about the consistency of melted glue. It is applied with a brush, and meets the decided approval of competent judges. The inventor says that he communicated the discovery of the properties of this combination to one of the Boston papers more than a year ago. The menstruum does not evaporate quite so rapidly as ether, consequently the gutta percha adhesive fluid is rather more economical than the collodion, which rapidly disappears, after removing the cork.

Cholera in England.—By the last steamer from England, which left Liverpool Jan. 27th, it appears that the cholera has not increased in Great Britain. The new daily cases reported to the Registrar-General in the whole country, including Scotland, were from 160 to 200; from 10 to 20 being near London, about the same in the provinces, and the remainder in Scotland. The whole number of cases is reported to be 8854; fatal, 3961; recovered, 2118; under treatment. or result not stated, 2775. Great alarm had been excited at Tooting by the death of 140 children belonging to the parish poor of London. The inquest which was held showed that the deaths were not by cholera, but were caused by cold, insufficient food, clothing, &c., and the verdict of manslaughter was brought against the proprietor of the establishment, with whom the children had been *farmed out* at so much per head.

Delegates to the American Medical Association.—At the annual meeting of the North-Western Academy of the Natural and Medical Sciences of the Indiana Medical College, on the 6th of January, J. Adams Allen,

M.D., Prof. of Materia Medica in that College, and A. B. Shipman, M.D., Prof. of Surgery, were appointed delegates to the next meeting, in Boston, of the American Medical Association; and the Medical College have appointed Prof. Shipman, and Daniel Meeker, M.D., Prof. of Anatomy, for the same purpose.

Medical Miscellany.—The leg of a child has been found in a state of petrifaction near Cincinnati, Ohio, on the lands of Mr. S. Hazen. Each muscle was distinctly observable, and the toes and nails were perfect. On digging further, two large frogs were found, also petrified, and perfect in their form.—The Providence Journal gives a list of 56 persons who died in that city, 1848, of 70 years of age and upwards—the oldest 106. The Bristol Phœnix names 12 who died in that town last year, averaging 80 years old. The Newport News says that 29 persons, over 74 years of age, died in Newport, R. I., in 1848, being an average of 80 years to each. Three were over 90, and 1 over 100.—At Lancaster, Ohio, recently died Samuel Jenkings, a colored man, aged 115 years. He was born a slave, the property of Broadwater, of Fairfax Co., Va., in 1734.—M. de Linguevilleville, a Frenchman, who died lately at the age of 110, was married 10 times, espoused his last helpmate at *ninety-nine*, and had a son at *one hundred and one*.—The St. John News states that the smallpox is making direful ravages in that city—there being over 1300 cases under treatment.—A little boy in New York, 2 years old, came to his death, recently, by drinking a small quantity of camphene from a can which his mother had left within his reach.—In the Supreme Court, lately, Dr. L. A. Ingalls, who has been imprisoned 2 years, and has been tried twice on a charge of rape, at Lowell, without a jury being able to agree, was discharged from custody upon his own recognizance.—Dr. E. D. Fenner's letter on the cholera of New Orleans, which appeared in the Daily Picayune, is a commendable performance, and will be read with much satisfaction by all classes of persons.—Transactions of the Medical Association of Southern Central New York are published.

To Correspondents.—In addition to papers already acknowledged, there have been received—Dr. Haskell's on the treatment of Hydrophobia, D. K. on the late medical degree to a female at Geneva Medical College, Dr. Spalding's Dissertation on Fever, and Dr. Foltz's notice of Cleveland Medical College.

We regret to learn that one or two subscribers, through some accident, did not receive the engraving which accompanied the last number of the Journal Any others who may have also failed to receive it, can be supplied at the Journal office.

Married,—In New York, Dr. John S Cameron to Miss C. S. Greenlief.

Died,—At Plymouth, Mass., Dr. Isaac Le Barron, 71.—At Vicksburg, of cholera, Dr. John Price.—At Taunton, Eng., Stephen Henry Mullen, M.D., 71.

Report of Deaths in Boston—for the week ending Feb. 10th, 84.—Males, 40—females. 44 — Of consumption. 14—scarlet fever, 16—lung fever. 9—typhus fever. 1—inflammatory fever, 1—teething, 4—croup, 1—child-bed, 2—worms, 1—convulsions, 1—tumor, 1—disease of heart, 3—measles, 5—inflammation of the lungs, 4—inflammation of the bowels, 4—erysipelas, 1—disease of the brain. 1—rheumatism, 1—infantile, —dysentery, 2—dropsy on the brain, 2—dropsy, 1—accidental, 1—apoplexy, 2—cancer, 1—pneumonia, 1—palsy, 1—starvation (on shipboard), 1—unknown. 1.

Under 5 years, 31—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 10—over 60 years, 6.

St. Thomas's Hospital.—Mr. Grainger on Cholera.—The announcement that Mr. Grainger would deliver a discourse on cholera, attracted a crowded assembly of medical and non-medical hearers to the great hall of this hospital on Wednesday, Jan. 3d. Mr. Grainger sketched a very animated parallel between fever and cholera, and endeavored to show that *both* these affections are epidemic, but *not* contagious, maintaining that if they were communicable from man to man, their progress could not possibly be arrested. He remarked that the poor at Hamburgh suffered five times more in parts surrounded by stagnant ditches than the same classes in healthy localities of the town; that in the same city, hardly one-tenth of the applications for relief, during the reign of the epidemic, came from those parts which had been rebuilt, after the destructive fire, on more improved sanitary principles; that in Coatbridge (Scotland), a place surrounded by filthy ditches, forty cases a day occurred in a population of 10,000; and so much as 140 per diem were reported in Glasgow, where filth and overcrowding are extreme. The disease is essentially an affection of the blood; all the well-known phenomena are only secondary to the original poisoning of the vital fluid, and the discharges are an effort of Nature to get rid of the noxious substance introduced into the system. The secretion of bile is *not* arrested, the gall-bladder is ever found full; but it seems that something arrests the reflex action which impels the biliary fluid into the ducts. The surest sign of the disease is the suppression of the renal secretion, and the kidney takes the morbid characteristics of Bright's disease. Mr. Grainger concluded his excellent address by pointing out how lamentably ignorant most classes of society are regarding sanitary questions; the Irish at Glasgow fancy the medical men want to poison and get rid of them; numbers of parochial boards contend that houses can do very well without certain conveniences; and so many as one hundred families live in a limited row of buildings at Glasgow, who, with a very wealthy man as a landlord, have but *one* water-closet for them all!—*London Lancet.*

East Tennessee Medical Society.—At a meeting of this Society, held at Chattanooga, on the 23d and 24th of November last, a committee was appointed to nominate delegates to the American Medical Association, who report as follows: "*Whereas*, We duly appreciate the objects of the American Medical Association, and believe that it will have a salutary influence upon, and will tend to elevate, the medical profession; that it is calculated to disseminate information and promote a union among its members, it is therefore

"*Resolved*, That F. A. Ramsay, of Knoxville, and S. B. Bowles, of Marion, be appointed delegates from this Society to the American Medical Association, which meets at Boston in May next.

Resolved, That the ethics published in the transactions of the American Medical Association be adopted by this Society for the government of its members.

Resolved, That any member violating any part or parts of said ethics, will be amenable to presentation by any member to whose knowledge the violation may become known, and subject to degradation by expulsion."—*Medical News.*

The whole number of cases of cholera in Poland from August 3d to the 13th of November, was 39,162; 18,586 recovered, and 18,375 died.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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ASTRINGENTS IN THE TREATMENT OF CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The Asiatic cholera is said to be again progressing through our country, and, as in times past, we are informed through the Medical Journals, and the newspapers generally, of the best methods of treating that hitherto fatal disease. The plans of treatment have been somewhat various, but the lack of success has been signally uniform. Why should it be otherwise, when erroneous pathological opinions have misled practitioners, and the treatment most obviously indicated, and which alone can prove generally successful, has scarcely been noticed by the profession? The disease is an extraordinary one—speedily fatal—mocks the ill-directed efforts of the physician; therefore extraordinary remedies, recommended by extraordinary men, have been sought after and administered, and honestly believed to be the only reliable curative means within the reach of medical men. But failure has been the result, of which, in 1832, for a time I had painful experience in my own practice. Becoming satisfied of the inefficiency of these "best modes of treatment," I resorted to a plan which was published in your Journal in the month of November (I believe), 1832, which was attended with almost invariable success. The year 1834 gave still further opportunity of testing my plan of treatment, which succeeded equally well as formerly, not only in the hands of neighboring practitioners, but in the hands of the common people, many of whom, when attacked, treated themselves successfully, without calling in medical aid. I refer you, also, to the editorial remarks in your Journal on my communication above alluded to, and think it not unreasonable to request that you publish this letter, and re-publish that communication *entire*. Justice to myself as the first promulgator of an efficient method of treating cholera—justice to yourself, as an impartial journalist—to the profession of which we are members, and to the public, require their publication. That treatment, based on the principles laid down in that communication, will succeed, I confidently affirm; whilst any treatment not based on such principles cannot be attended with satisfactory results. I speak strongly, because I feel strongly on this important subject, and respectfully, but earnestly, invite my professional brethren to make a thorough trial of the remedies, assuring them that if the trial be made with a zeal and energy propor-

tioned to the emergency, their efforts will be crowned with triumphant success. Yours respectfully,

Aurora, Kane Co., Ill., Jan. 16, 1849. DANIEL EASTMAN.

[The article referred to by Dr. Eastman is copied, agreeably to his request, from the Journal of Nov. 7, 1832. The few of our readers who already have the volume containing it, will excuse its re-publication, when they consider that it is not merely the announcement of a theory in regard to the treatment of cholera, but a statement by a respectable physician of its successful application to practice, and as such, worthy the consideration of every practitioner.—ED.]

SIR,—I send you some remarks of mine on spasmodic cholera. They were drawn up during a great hurry of business, and consequently I could give but a brief sketch of the subject; either as respects the symptoms of the disease, or its treatment.

Since making the above-mentioned communication, I have treated about twenty cases; and as the disease was on the decline, have had a better opportunity of observing the effects of the remedies which I administered—the consequence of which has been, that my confidence in the utility of the mode of treatment which I pursue has been very much increased. I have treated and cured many cases (and lost some of course), after the spasms had been severe in all the extremities; when the countenance had become much sunken, with large livid or brownish areolæ round the eyes, blueness commencing on the chin, the extremities in a profuse cold perspiration, integuments of the hands corrugated, and the voice changed, first to a "wailing tone," becoming gradually more hoarse and squeaking, till the articulation became so difficult and indistinct as to be nearly unintelligible. Cases, however, that have progressed to this degree, especially before the patient has had the benefit of remedies, which most frequently happens in country places, may be considered very dangerous and of doubtful issue; for there is a certain point to which evacuations may be borne, and beyond which, although the evacuations be checked, all attempts to cure by the internal or external use of remedies must prove abortive. In such cases, injection into the veins, notwithstanding its frequent failure, I do think might become generally successful by attending to the suggestion in my communication on that subject; for, from the opportunity which I have had of observing the disease, I am of opinion that death is caused, not by the operation of any deleterious agent on the system, but directly from an excessive and sudden drain from the circulating fluids. The cause, whatever it may be, is not in itself dangerous, independent of evacuations. I am of opinion that, generally, death ensues from inanition, and on this ground I found my confidence in the utility of direct repletion by injection into the circulating system.

I cannot enter my protest too strongly against considering spasmodic cholera a congestive disease, all *post-mortem* appearances to the contrary notwithstanding. It requires no extraordinary skill in reasoning to account for the *post-mortem* appearances on other and more satisfactory grounds; but facts in practice are better and more satisfactory, especially

to our patients. The doctrine of congestion, unconnected with practice, might well enough be left to sink of itself into oblivion; but wherever the disease has appeared, it has led to the practice of venesection, which, in despite of the eminence of its advocates, and the plausibility of their arguments in its favor, is productive of the most disastrous consequences. It matters not that some patients have been bled and have recovered. This proves barely that the patient was able to withstand both the disease and the bleeding. No course of practice can be relied on until many fair trials have been made with pretty uniform success. The practice of administering diuretics on account of the suppression of the action of the kidneys, is, for obvious reasons, equally preposterous, but by no means so dangerous. When the evacuations from the bowels are arrested, in the majority of cases, the kidneys resume (gradually) their proper functions. I have only had two cases in which diuretics were necessary.

I submit the above, together with the communication, for your consideration. If you think they may be of any use, you may insert them in your Journal in such form as may be most convenient for yourself. As the symptoms of the disease are well enough known to practitioners, they may perhaps with propriety be omitted. Yours respectfully,

Napierville, Canada, Oct. 20, 1832. DANIEL EASTMAN.

[As suggested by Dr. E., the symptoms of the disease are here omitted.]

Such, Sir, is the disease that has lately committed the most appalling devastation in this parish (St. Cyprian); and, formidable as it may appear to be, I have good reason at present to consider it, in nearly every instance, a disease completely under the control of medicine, if administered soon after the accession of severe purging; and that those who read this may be enabled to judge of the propriety of this apparently bold assertion, I give my views of the disease, my practice, in connection with my reasons for the same, and the results.

Having been led to consider the disease as highly congestive, by our transatlantic brethren, or rather fathers, as well as by practitioners in our own country, I commenced, as by them recommended, by bleeding my patients, as affording the most obvious means of relief, when I could do it at the onset of the disease; but was soon constrained to abandon the practice. I gave opium both in small and large doses, combined with calomel and antimonials, as recommended by Dr. Good, camphor, ammonia, stimulating and volatile potions, the essential oils, applied heat in various ways, with rubefacients to the stomach and abdomen, directed friction with various hot substances, &c. &c., but had the painful mortification of being obliged to relinquish all confidence in the entire routine of treatment that I had adopted, finding that only a very few cases of the disease terminated favorably, and that the recoveries appeared to be rather the result of accident than of good practice.

Finding myself in this dilemma, and my patients in a still worse one, I applied myself to the study of the facts that presented themselves in the disease, rather than the invention of new prescriptions, which would only be to grope my way in the dark; and came to the conclusion, that the disease is one of debility in proportion to the quantity of fluid evacu-

ated, and the capability of the patient to bear the loss, which is that of the circulating fluids of the system poured out from the open mouths of the minute vessels into the alimentary canal: that although colic is frequently present, the peristaltic motion of the bowels is not increased from any other cause than distention, in the same manner as it would be from enemata of warm water, and that the obstinacy of the subsequent symptoms bore an exact proportion to the loss sustained by the system generally. Hence the inutility, and even injurious effects, of bleeding. Large doses of opium, or of any of its preparations, are also objectionable, because they produce a stupifying effect, nausea and debility, all which should be most sedulously avoided, and because there is no useful purpose to be answered by their administration. Moderate doses produce a gently exhilarating effect, and suffice to subdue the colic when present. Alcoholic and volatile stimulants are too pungent for the stomach, already too irritable, are transitory in their effects, and exhaust rather than augment the vital energies. If given at all, they should be in very small doses, rather as cordials and auxiliaries than as principals, but in most cases they had better be entirely excluded; at any rate, they may be safely neglected. Antimonials are injurious, because they produce nausea and irritate the bowels. Camphor in small doses might not be objectionable, but I have done very well without it. Ammonia and the volatile oils, in large doses, are liable to the same objections as other stimulants, and I prefer to occupy the stomach with other remedies better adapted to the cure of the disease, and avoid embarrassing this organ with a variety of remedies, lest it reject the whole. The application of heat is in my opinion objectionable, excepting where the surface is cooler than natural, which is generally the case with regard to the limbs, but the body is seldom below the natural temperature at the commencement of the disease; heat about the body, and a heavy weight of bed-clothes, oppress and exhaust the patient. Friction in the most of cases is nearly a useless operation, as the fatigue and agitation of the patient which it causes, both in body and mind, counterbalance all the good effects that may be expected to result from it. To relieve the spasms, firm extension by grasping the heel, and pressing the palm of the hand against the toes and the foot, with pressure, by firmly grasping around the bellies of the contracted muscles, afford much more effectual relief than friction. Friction, with a view to produce perspiration, is unnecessary; for, in a severe case, before the effusion into the bowels is checked, I doubt whether a warm, healthy perspiration can be procured. In a mild case, there is but little trouble in effecting a cure without it. In all cases, I prefer a dry, warm skin during the continuance of the evacuations. In not a single instance have I known a perspiration to relieve the symptoms; in every case it was the result, not the cause, of the cure.

I come now to the particulars of my own practice. My first dose is a grain of opium, generally in fine powder, in combinations with twenty grains of calomel and a teaspoonful of ground ginger, mixed with a little sugar and water. The opium in this moderate quantity is an agreeable stimulant, somewhat permanent in its effects, allays irritability, an invariable concomitant on severe evacuations, soothes the uneasy sensations,

raises the sinking spirits of the patient, and relieves the colic when present. If this last symptom continue, I repeat the opium in minute doses, generally in the form of paregoric, until the pain abates. I give the calomel because there is an entire absence of bile in the ejected fluids, the remedy being generally useful in emulging the biliary cavities, and is most decisively beneficial in common diarrhœa in substituting healthy for diseased action. The ginger is a warming aromatic, is permanent in its effects; sustains the action of the heart and arteries, and produces a dry, warm surface. The administration of this dose is generally attended with complete relief within fifteen minutes of the sensation of "floating," excepting in the bowels, which are also partially relieved. The feeling of sinking and prostration materially abates, warmth is communicated to the stomach, and the pulse and temperature of the extremities are elevated. In many instances the patient says that he feels as if a current of hot water was passing from his heart throughout the whole system, to the ends of his fingers and toes, accompanied with pricking in the skin and flesh. Unless complete relief be given by this dose in a few minutes, which, indeed, seldom happens, I give thirty, frequently forty, grains of the extract of catechu in fine powder, and continue rapidly to repeat the remedy, in frequency and quantity, as the urgency of the symptoms may require, till the evacuations wholly cease. Catechu is a very powerful astringent, of uniform strength, and on astringents I place my main reliance. The effusion from the open mouths of the minute vessels into the bowels must be absolutely restrained, or the patient will absolutely die; and I know of no more likely means of effecting this, than to apply a corrugating substance directly to the relaxed surface. It appears also to act by sympathy, both in the bowels and skin; for before the remedy has apparently passed from the stomach, the bowels are perceptibly relieved, and the skin becomes dryer and warmer. The first dose (calomel, &c.) with eighty grains of catechu, divided into two or more portions, will in most instances arrest the disease. When it does not, I give a teaspoonful of the decoction of oak or hemlock bark, evaporated to the consistence of syrup, every five, ten or fifteen minutes, as the case may require, until it arrests the purging. I have known a tablespoonful of this decoction, with a teaspoonful of paregoric, given at a single dose immediately after the calomel, to arrest the disease, although the spasms were severe both in the upper and lower extremities. When the stomach is very irritable, the astringents had better be given in the form of pills, being more easily taken, and consequently less liable to be rejected. In some instances, I have known a distressing nausea to be followed by the rejection from the stomach of an intensely acid fluid; in such cases a few doses of the prepared chalk will afford very signal relief. The patient will derive some advantage, also, from the application of a large blistering plaster, sprinkled thickly with pulverized capsicum, over the seat of the most pain, whether it be in the stomach or bowels—the surface where it is applied being previously wet with warm water. When there is much restlessness, the compound assafœtida pill, or clear assafœtida in the form of a pill, is a useful remedy.

After the action of the bowels has been kept in check six or seven

hours, it generally commences again, sometimes with no ordinary degree of violence. If the dejections be black or bilious, an occasional motion is admissible; if watery, they must be immediately checked, and the decoction of oak or hemlock bark four parts, combined with paregoric one part, in moderate doses occasionally, is generally all that will be necessary. When the bowels do not act spontaneously, which, indeed, rarely happens, a laxative of the mildest kind should be given in divided doses, in order to solicit a motion in the most gradual manner; as a quick motion, although not copious, produces a distressing faintness, somewhat difficult to remove and unpleasant to endure.

I subject my patients to rigid discipline from the commencement, enjoin a recumbent posture, prohibit motion, even of the limbs, direct the covering to be only sufficient to make the patient comfortable, and, as the extremities are usually cool, additional covering and warm flannel may be applied to them. Heat applied to the trunk, as I have already stated, is injurious unless the surface of the body be cool. Motion increases the nausea and agitation of the bowels. As the vomiting and consequently the thirst is generally proportioned to the quantity of fluids taken into the stomach, I allow no other drink than a spoonful of broth once in half an hour, till the remedies have arrested the disease, when, of course, a gradual increase of nourishment is admissible and necessary.

Since I commenced the mode of treatment herein described, I have not yet lost a patient that made immediate application for assistance, on the accession of severe purging. Out of more than seventy patients, I have lost but ten (two of which were under two years of age), all of whom neglected to apply for remedies till they were nearly in a dying state, or were stubbornly mismanaged by the attendants. Previously I had had ten cases, five of which gave me a fair opportunity of testing the efficacy of the remedies which I made use of, and but *one* recovered. My patients have all been at distances within eight miles, and therefore could not procure assistance in many instances before the spasms had commenced in the toes, and in several cases severe spasms in all the limbs had existed some time previous to the reception of medicines.

With regard to the treatment of the premonitory symptoms, very little need be said, as there is not much necessary to be done. Fifteen or twenty grains of the blue pill, or the same quantity of calomel, followed with ten grains of the pulvis opiatus combined with an aromatic, and an astringent if necessary, will generally suffice. If, however, the bowels are frequently pouring off a watery fluid, the treatment should be reversed; and as a sudden check should be put to the discharges, the first remedy should be in the liquid form. For this purpose, three drachms of paregoric, combined with twenty grains of catechu, or its equivalent of some other astringent, answers very well. This treatment will seldom fail of success.

Relative to the supervention of febrile symptoms, on the cessation of the evacuation, I can say nothing from experience, not having known of any occurrence of the kind during the prevalence of the disease in this place.

As it frequently happens that medical assistance is not sought till all

prospect of the utility of the internal use of remedies is at an end, injection into the veins, as a *dernier resort*, may prove serviceable, and is well worthy of a faithful trial. In resorting to this operation, I would suggest the propriety of giving astringents internally, in order that the fluid injected, in going the round of circulation, may not be poured into the bowels and thereby render its effects perfectly nugatory.

Respecting the pathology of cholera, the above remarks are sufficient to illustrate the principles on which I found my practice, and therefore all that need be offered.

Being strongly impressed with the urgent necessity of a general radical change in the treatment of Asiatic cholera, of which the public at large must also be fully convinced by the awful mortality of the present summer, I am induced to contribute the above (necessarily imperfect, from the short portion of time that my professional duties would allow me to devote to it) to that most desirable purpose, that the disease may not ever remain equally a scourge to humanity, and a reproach to the science of medicine.

September 22, 1832.

THE TREATMENT OF HYDROPHOBIA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In reading the account of the late case of hydrophobia in your Journal, my attention was most forcibly arrested by the quotation in the last paragraph, from Dr. James Johnson; so much so, that I have thought fit to transcribe it again, with a view of making it serve as a text or preface for a few remarks on the pathology and treatment of this intractable disease.

"We must conclude," he says, "that it cannot be denied, but that the most evident indications of inflammatory action attend the symptoms, and distinguish the pathology of hydrophobia; that we have often inflammation of the œsophagus, pharynx and larynx, and occasionally of the brain and spinal cord; yet it is generally admitted that these appearances are more the consequence than the cause of the disorder, and that although frequently present with, they are by no means essential to, the existence of hydrophobic action."

When we consider the frequency of traces of inflammation of the mucous surface of the throat, and the prominence of spasmodic action in those muscles, whose normal actions are excited by impressions on that surface, the question naturally arises, whether, supposing it to be a consequence and not the cause of the disease, it may not still be owing to this complication that the disease acquires that habit of intense spasmodic action which constitutes its danger and intractability. The inflammation of the skin in confluent smallpox is not the cause of the disease; yet it is that which, in 9 cases out of 10, renders the disease fatal. Nor can we see any reason for the assertion of Dr. Johnson that this inflammation is not essential to the disease when fully developed. That distinct traces of inflammation in these parts have not

been discovered in every case of hydrophobia, may be accounted for in some instances by the disease having proved fatal before the anatomical characters of inflammation were developed; in others, mistakes may have been made as to the identity of the disease; and doubtless in some instances, they may have been overlooked—the examinations having been conducted by persons unaccustomed to detect the nicer shades of inflammation. I question whether every one could detect evident marks of inflammation in the larynx, in hooping cough at an early period; yet that the violent spasmodic action of the respiratory muscles in this disease is owing to an inflammatory condition of that organ, hardly admits of a doubt.

The analogy which exists between this and other specific diseases that have a stage of incubation, confirms this opinion. They all exhibit a tendency to the same parts, whether they are communicated by animals of the same or different species to one another. Now in the dog, there can scarcely exist a doubt that the parts about the throat are primarily diseased in cases where it arises spontaneously, and secondarily where it arises from the bite of another dog. And it were natural to suppose that the same parts in man would be affected in the same way.

If the disease were a general, instead of a local one, it would be impossible to account for the appearance of inflammation in the bitten part, which takes place so often and after so long a period of time. In this respect the virus acts very much like the virus of smallpox when inoculated into the system. Here we have, in the first place, a period of incubation; secondly, a period of local inflammation; thirdly, a period of reflected irritation or constitutional excitement; then a second period of local inflammation; and lastly, the constitutional effects of this. Now in hydrophobia we have the same series, only they seem more to run into each other—that is to say, the constitutional follow much sooner on the local symptoms. On the other hand, we see in vaccination the first-mentioned virus, by a very slight modification, blunted in its action, and the constitution successfully resisting the two last terms of the series. And if this difference of results, viz., the abortion of the secondary inflammation, follows from this morbid poison being a little slower in its operation in the last case, that of rabies being confessedly more active, it is easy to conceive that a slight increase of its activity might produce effects the very reverse, and give rise to a secondary, without any obvious primary inflammation, and thus account for the comparatively few cases where no preliminary symptoms are complained of in the bitten part. Perhaps the strongest evidence of its being a general disease is the extreme irritability of the whole surface of the body. But when it is considered, that this is later in appearance than the affection of the throat, that it must naturally arise from an irritation of the spinal marrow, and that dissection reveals traces of inflammation in the spinal marrow less frequently than in the mucous surface of the throat, and that, too, in that portion of the cord where the nerves of deglutition and respiration terminate, its occurrence as one of the consequences is almost demonstrated.

Having been impressed with these views for some time, I would re-

spectfully suggest to physicians who may be called to treat hydrophobia, that it is a disease of a mixed local and general nature, having two foci of inflammation and constitutional irritation, a primary and a secondary one; and that while the constitutional symptoms should not be neglected, the main hope of arresting its dreadful fatality consists in applying remedies to these seats of inflammation: and I would farther suggest, from the known efficacy of nitrate of silver in various diseases —such, for instance, as erysipelas, a local disease with severe constitutional symptoms; in smallpox, the pustules of which it stops when early applied; and in gonorrhœa, which it likewise aborts (the two last being diseases which, like rabies, arise from specific animal poisons)—that its application in a strong solution to the whole surface of the pharynx, fauces and mouth, as far as practicable, at an early period (that of commencing spasm), affords a hope of successful, while it can be productive of no injurious, results.

I am not aware that anything of the kind has ever been attempted. Two cases of recovery, spoken of in Druitt's Surgery—one by the administration of acetate of lead, the other by profuse salivation—may have been the result incidentally of the local effects of the lead and the mercury on the mouth, while being exhibited. With the exception of cauterizing the wound immediately after the bite, and some imaginary vesicles under the tongue, this disease has been uniformly treated as a general one, the symptoms having been attacked, while the cause has been overlooked.

And with respect to the general treatment, the substitution of chloroform for the old and approved methods of allaying spasmodic diseases, will hardly, I think, be found to be an improvement. And in this disease the difficulty of using it, and the rapid subsidence of its effects, will form an effectual bar to its long-continued employment. In the case referred to, it evidently occasioned the death of the patient. A tonic instead of a lowering plan is indicated. If any medicine is administered by the mouth, quinine in large doses would be worth trying. The act of swallowing should not be excited without a sufficient reason; and the stomach should be let alone as much as possible, that it may be able to digest light nourishment, which should be administered from time to time if the disease is protracted. The muscles of deglutition would be excited less to action, if the stomach tube could be introduced for the purpose of injecting liquids. The surface to which remedies should be applied is the mucous membrane of the large intestines, and care should be had that this membrane be kept in a state to be favorably affected by these remedies. Laudanum injections in teaspoonful doses, at intervals so as to keep the patient in a state approaching to narcotism, and if these fail, tobacco in the form of smoke, which I have found to be a safe and efficient antispasmodic, more slow and persistent in its action than the infusion, and not so prostrating. Some slight advantage might follow from an opium, belladonna, or snuff plaster, to the throat or nape of the neck.

It may be regarded as somewhat obtrusive, for one to propose a plan of treatment for a disease, a case of which he has never seen. But from

the comparative rarity of hydrophobia, the opportunities to witness it that happen to the most favored will rarely give them a title to claim anything more than a negative experience. In a disease so uniformly fatal, any experiment that affords a *faint* prospect of success is justifiable. And I would add that the increase of rabies of late in New England renders it obligatory on those physicians, who may meet with it, to give an account of their cases as soon as convenient; and instead of publishing them at the South or at the far-off West, communicate them to the Journal most extensively read by their New England brethren.

Rockport, Feb. 5, 1849. BENJAMIN HASKELL, M.D.

THE LATE MEDICAL DEGREE TO A FEMALE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the first number of the present volume of the Journal, I have observed a detailed account of the ceremonies, or which might more properly be called the farce, enacted at the Geneva Medical College by conferring the degree of M.D. upon a Miss Blackwell. Although a glowing account of the transaction is given, we are not informed whether the graduate appeared in appropriate professional costume, or is to make the metamorphosis the subject of another public exhibition, when the refined auditors may not only "hold their breath," but shut their eyes. Whatever may be the character and acquirements of this individual, it is much to be regretted that she has been induced to depart from the appropriate sphere of her own sex, and led to aspire to honors and duties which by the order of nature and the common consent of the world devolve alone upon men. And I am sorry that Geneva Medical College should be the first to commence the nefarious process of amalgamation. Hitherto an intuitive sense of propriety has induced all civilized nations to regard the professions of law, medicine and divinity as masculine duties, and by the universal acceptation of both sexes, the sterner offices and responsibilities incident to these vocations have been considered most compatible with the physical and mental constitution of the male sex. Woman was obviously designed to move in another sphere, to discharge other duties—not less important, not less honorable, not less angelic, but more refined, more delicate. Within her own province she is all powerful. She is the pride and glory of the race—the sacred repository of all that is virtuous, graceful and lovely. But when she departs from this, she goes astray from her appropriate element, dishonors her sex, seeks laurels in forbidden paths, and perverts the laws of her Maker. When some sudden emergency or imperious necessity requires it, she is justified in rendering temporary aid to the rude avocations of men; but when no such necessity demands her service, the character and usefulness of her own sex, and the general good of society, are best promoted by a proper attention to the duties of her own province. The distaff, the needle and the pencil look better in her hand than the hoe or the scythe, the trephine or the gorget. The course of "*domina* Blackwell" cannot be justified by any urgent necessity. The profession was quite

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too full before, and could well afford to dispense with her services. I know we sometimes hear of runaway maidens serving in disguise in the army or on shipboard, but such heroines deserve very little commendation, and the rudest commander has always had a sufficient sense of propriety to discharge such "dominæ" as soon as their sex was known.

Would either of the other learned professions have received and graduated a female? Would any amount of study or learning have gained her admittance to the bar or the desk? Certainly not. Then why desecrate the profession of medicine, and publicly disparage it? If a clique of pseudo-reformers, or some mushroom Thomsonian or hydropathic association, had conferred this degree, it would have been a matter of no surprise, because it would be in perfect keeping with their transactions. As this is first case of the kind that has been perpetrated either in Europe or America, I hope, for the honor of humanity, that it will be the last. And I trust that the high-minded members of the profession will so manifest their disapprobation of the transaction, as to teach other similar institutions the impropriety of following the example. D. K.

CLEVELAND MEDICAL COLLEGE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In the article on Starling Medical College, a few weeks since, it seemed a matter of doubt "whether a fragment remains" of the once well-organized medical school at Cleveland, Ohio. Will you permit me to say, through the medium of your Journal, that your doubts were well founded. It is true that not "a fragment" remains, but that it is there entire, soul and body, zealously supported by its numerous friends, and doing a prosperous business both for itself and the public. The school was organized as the medical department of Western Reserve College, and the first course of lectures given to a class of sixty-seven students, in 1843–44. In true western style, the number of students rapidly increased each year, until the fifth session, last winter, saw in attendance a class of 240 young men.

I was agreeably disappointed at the prosperity of the College, when at Cleveland, last autumn. The college edifice is a fine, substantial structure, pleasantly located in the upper part of the city, and from its dome the stranger has a beautiful panoramic view of the city, the harbor, the lake, and the surrounding country. The building is spacious and commodious, affording ample accommodations for the lectures, professors' rooms, the display of the museum, cabinet, &c.

The Anatomical Museum is rich in its illustrations, both of special and morbid anatomy, whilst the various cabinets have been collected at no small expense, and arranged with great taste and care. Dr. Mussey's colleague, the lamented Worcester, finished his labors at this institution, and few young men ever lectured with greater acceptance or success. His departments were Physical Diagnosis and General Pathology, which have since been divided between Professors Delamater, Sen., and

Kirtland. Our old friend Dr. Delamater now fills the chair of General Pathology, Midwifery and Diseases of Women and Children.

I was extremely gratified, after so many years, to find the doctor in such good health and spirits. His love for teaching, and enthusiasm for the advancement of medical science, and whatever else may conduce to the welfare of humanity, seem only to have increased with his years.

Boston, 5th Feb. 1849. DANIEL V. FOLTS.

PUERPERAL CONVULSIONS TREATED WITH CHLOROFORM.

BY G. J. HARDING, M.D., HEALTH OFFICER, ST. JOHN, N. B.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. P——, aged 43, within six months (?) of the period of her confinement, and her first child, was found in the morning lying on the floor insensible, in a fit—when her husband arrived to breakfast—and the paroxysms continued every hour, until evening, when I saw her, in the country, where she resides. On visiting her she was speechless and insensible, with strong convulsions every half hour. At that time no appearance of labor, and in this state she remained during the night, being frequently convulsed; having been freely bled, and had a large dose of calomel, and a turpentine enema, with cold applications to the head during the night, without any beneficial effects. In the morning, at 9 A. M., the labor commenced, and a strong fit, during which I gave her the chloroform, as an antispasmodic, and she was immediately relieved from the convulsions, and continued so for four hours, the labor pains continuing every five or ten minutes, and were assisted with ergot. On having another attack of the spasms at 1 P. M., I gave the chloroform again, which appeared immediately to check it, and she was not attacked again with any further convulsions; and at 4 P. M. I delivered her. In twenty-four hours afterwards she spoke to her husband in a rational manner, and has since recovered. I feel satisfied that the chloroform had a beneficial effect in this case in removing the convulsions, as they would not have otherwise subsided until the woman was delivered.

I have not heard of the chloroform being previously administered beneficially in such a case. Indeed my friend, Professor Simpson, of Edinburgh, who was kind enough to forward me his work on its general use in common obstetric cases, does not give any observations respecting it in similar cases as here noted. I have, therefore, sent the particulars, if you think such worth noticing in your Journal.

St. John, N. B., Jan. 23, 1849.

SALIVARY CALCULI.

[Communicated for the Boston Medical and Surgical Journal.]

IN a memoir of 1846, published by M. Stanski, it is stated that observers have been mistaken as to the nature of substances extracted from the salivary passages. Having met once a concretion, the nucleus of which was

a tooth, he supposes that the various calculi usually found in the salivary apparatus owe their origin to a similar cause. But with this view M. C. Torget does not agree. This gentleman, in a collection of 39 cases, proves that these calculi may occur without even the trace of tooth or any foreign substance accidentally introduced into the salivary glands. The following case is interesting, as it not only exhibits the truth of M. C. Torget's observations, but it also shows the great liability of erring in our diagnosis of diseases of the salivary glands, since physicians seldom meet with calculi in these organs.

Mr. Horne, aged 42, had been for several years past afflicted with what was supposed by his physicians to be an inflammation of the glands of the neck. The disease was situated near the angle of the inferior maxillary bone, upon the left side. Mr. H. states, that for 12 years he had occasionally been troubled with an enlargement of the neck externally and internally, causing him much pain and inconvenience in deglutition. It generally became inflamed as often as once in 5 or 6 months. At these times, the inflammation was usually severe: there was redness of the skin of the neck over the parotid gland, which seemed to indicate that suppuration would ensue—the tongue was swollen—the saliva ran more freely than ordinary, of an extremely pure appearance; and there was considerable constitutional disturbance. This state of things continued for five or six days, causing no little suffering and distress to the patient. He remarks that the inflammation was accompanied with the most excruciating pain, which more than once determined him to have an incision made into it, but the shortness of its continuance caused him to act otherwise.

During the intermission of these exacerbations, the patient complained of no pain, nor any difficulty from the presence of this calculus, except in yawning, or when he opened his mouth suddenly; and even then only a slight "pricking sensation," as he terms it, "as if something was wrong within the muscles of his neck."

Things remained thus till October, 1848, when one day Mr. H. felt an unusual sensation at the roots of his tongue—a giving way—or, as he expresses it, "the substance (the calculus) seemed to jump from its long residence into his mouth." Fearful lest something was wrong, he called his wife, and requested her to see what was the cause of this singular feeling at the roots of his tongue. She immediately came, and found the larger end of the calculus projecting a little from the side of the mouth, which was easily taken out. Since that time he has had no recurrence of inflammation, nor any of the trouble which he had always experienced from the presence of this calculus. It was of a conical shape—and its dimensions are as follows:—1¼ inch in length; circumference of the larger end, 1 4-27 inch; that of the smaller end, 3-8 of an inch. Its weight is 20 grains. There is no trace of a tooth in this substance. In fact Mr. H.'s teeth are perfectly healthy—never having lost one of his secondary teeth; and he has also the requisite number. The calculus is composed of calcareous matter, principally carbonate of lime. It is formed of concentric layers of a white and grayish appearance, very hard, and firmly compacted.

In conclusion, we would remark that Mr. H.'s health has been very good up to this time—has never been troubled with any other affection, for twelve years past. Prior to 1836, he states, he had occasional attacks of rheumatism, which have never disturbed him since the existence of this calculus. T. J. W. PRAY.

Dover, N. H., 1849.

PREVENTION OF BALDNESS

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The remarks published in your Journal of the 7th ult., on the probable causes of baldness, induce me to call your attention to the accompanying bark, which I procured whilst at Manilla, denominated by the inhabitants of the country where it is produced gole gole, or more commonly, go go—whilst I lay before you the best information I have been able to procure of its uses and properties.

Gole gole, or go go, is a production found on several of the Philippine Islands. It is the innermost bark of a tree (no other name but go go seemingly known among the Indians who collect it), and is procured in the spring months only, in strips two feet long, which after a few days' exposure to the sun, are tied into separate hanks, each weighing on an average one and a half ounce, when it is ready for the market. The Indians who convey this article have the privilege of landing it at a place, appointed by the authorities, without the payment of duties, where a bazaar is held for its sale in quantities to retailers. From its general use, it is frequently unattainable unless at high prices.

The Spanish ladies and mestezas make a preparation, by steeping about one fourth of an ounce of the article in eight ounces of water, to which they add a small quantity of lemon juice, when it is used for the purpose of washing the head and hair, which it instantly cleanses and acts upon as a stimulant. It is likewise used as a cosmetic, prepared in a similar manner; and is applied to the body, by all classes of persons, when they resort to the bath. The bark itself is used in the same manner as a rubber, with the most beneficial effects. Probably from its astringent properties, I find that its use on the head prevents, in a few days, that loss of hair so commonly complained of; and again, from its stimulating properties (which will be shown by one application) will it not be found more beneficial than the numerous preparations now offered as a preventive to baldness?

What appears surprising, is, that an article so generally used in the place of its growth has not hitherto found its way to this country in quantities, as I have found but very few cognizant of it or its manifold properties. JAMES WELCH.

Boston, Feb. 12, 1849

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 21, 1849.

American Medical Association.—The next annual meeting of the American Medical Association will be held in Boston, on the first Tuesday in May, 1849. We trust that our medical brethren, throughout the Union, will bear this in mind, and send delegates in such numbers that the whole profession may be fairly represented. As some may not know what bodies have the right to send delegates, we subjoin an extract from the Regulations. "The *delegates* shall receive their appointment from permanently-organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently-organized medical institutions of good standing in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the Association. Each local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted Medical College or chartered School of Medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution, of good standing, shall have the privilege of sending one delegate." N. B. Those who have been once delegates are permanent members, and have the rights of speaking, &c., but not of voting, at the meetings of the association.

It will be seen, by this extract, that the founders of the Association intended to form no exclusive society, but one founded upon a most liberal basis. It will be seen, for example, that the local county and district societies in this State have each a right to send delegates, in addition to those sent by the Massachusetts Medical Society; all societies of medical men, who have united for "Mutual Improvement," or for "observation," or for any purpose connected with and for the advancement of the medical profession. We understand that arrangements are in progress for the reception of any number of the profession that may choose to visit us on the occasion of the Annual Meeting. Of these arrangements we shall speak at a future time. We throw out these few remarks, in order to draw the attention of the medical public to the meeting, and to invite our Massachusetts brethren, one and all, to join cordially with the Committee of Arrangements in giving a hearty reception to their medical associates throughout the land. In conclusion, we would refer to the advertisement of the Committee, which will be found in our advertising columns.

Medical Reform Association.—Those who know the medical character of Massachusetts, as exhibited in the lives and writings of its regular faculty, may be surprised, through some irresponsible channel, to hear of the organization of a Society in Boston to reform the profession! Accidentally, the fact has just been discovered, that on the 4th of January a delegated meeting was held at the Tremont Temple, where business of grave

import was transacted by a collection of persons, under the name of the Bay State Medical Reform Association. A publication of the names of these staunch champions of reform would astonish the intelligent part of every city and town in the Commonwealth. The idea that such men indulge the idea of effecting any change, unless upon themselves, is extremely ridiculous. There is but one individual in this catalogue of sturdy revolutionists, recognized as being prominent even among medical levellers, and his ambition prompts him, unquestionably, to be a king of ignoramuses, with a view to rising into some kind of notoriety. In Massachusetts, with all her colleges, schools of medicine, splendid hospitals, infirmaries, dispensaries, &c., most of which are richly endowed, and under the management of medical gentlemen eminent for their skill, experience and position in society, what kind of a reformation does the Bay State Association contemplate? Surely it can be nothing short of removing from their places those who are giving a lustre to the institutions confided to their care, and putting themselves in the vacant seats. If a reformation in the details of practice, simply, is the great idea that has called for the associated wisdom of this assembly of delegates, the first movement should be among themselves—since if any order of practitioners need to be improved in any conceivable respect, that to which they are supposed mostly to belong is the one.

Births, Deaths and Marriages in Massachusetts.—The seventh annual report of this registry is given to the public in a legislative document, that must necessarily be exceedingly imperfect till some strong inducement is held out to encourage exact and perfectly accurate returns. The true way of getting at the truth and the whole truth in these matters, is to pay those persons, ordinarily town clerks, city clerks, &c., a generous fee for the labor required of them; otherwise, the legislature may enact laws in regard to the matter till the day of doom, and approach no nearer the actual state of things than when the registration law was first promulgated. We have heard these gentlemen say that it was more economical for them to pay the fine of ten dollars than to collect and transmit births, deaths and marriages in their district—it was unrequited labor, that hardly would bring an acknowledgment of thanks. Mr. Calhoun, the present Secretary of State, reasons admirably upon the importance of statistical information on these points. "To improve man's physical condition, and thus contribute to his moral advancement, is the great purpose of the statistical views and facts, which the law strives to bring to light." There is a regular annual lamentation in high places over the imperfection of the registration returns, but not a single effort put forth to remedy a defect that a thousand dollars, proportioned to towns and cities according to their population, would speedily accomplish. This very argument, the most cogent of any, where men estimate the value of time by money, has been repeatedly urged upon the consideration of the law makers, but without effect.

Health Regulations at Washington.—A wise code of sanitary regulations is in operation at the city of Washington. Dr. Thomas Miller is president of the Board of Health, and from his experience and extensive practical knowledge of the duties of guardians of the public health, it would be passing strange if the doings of the Board were not guided by intelligence, common sense and humanity. The Washington Board of Health

require physicians, in giving certificates of deaths, to designate, first, the causes of deaths by the right names—" such as have the same meaning at all times and in all places." Secondly, such names are to be used as will give a clear definition. Popular names may be used, but where no popular name in a single word is found, a technical or scientific term should be preferred. When poisons have been the cause of death, physicians of the city are required to insert the time which elapses between the administration and the termination of life, as nearly as possible. The oversight which the Board exercises over vacant lots, accumulations of standing water, decaying edifices, the existence of various nuisances, &c. &c., would seem to be sufficient to maintain the public health, as far as it is possible through human agency.

Medical Systems, Medical Science, and Empiricism.—Such is the title of a profound discourse by Thomas Hun, M.D., Prof. of the Institutes of Medicine in the Albany Medical College. It was an introductory lecture, given at the commencement of the late term in that institution. The manner in which it is printed is very creditable to the good taste of the Albany press, since neatness in typographical execution is really of immense consequence to the reputation of an author, although the latter is in no way responsible for the slovenly work of a printing office. Dr. Hun has written clearly and comprehensively on the three topics embraced in the discourse, viz., "Medical Systems, Medical Science, and Empiricism." "Systems and vague speculations," he says, "have now passed away from medicine, and have been succeeded by positive science, founded on observation and experiment. In place of an art founded on systems, we have now an art founded on the science of man in a state of health and disease; that is, founded on physiology and pathology. We no longer inquire into the essence of life, nor into the nature of the vital principle; nor do we look for an initial principle by which to explain the phenomena of health and disease—but we study these phenomena, analyze them, seek for their relations, and express these relations by general laws." There is an air of cheerful devotion to the great interests of humanity running through the pamphlet, which exhibits, in an excellent degree, the duties of physicians, while it teaches them how to study to be most serviceable to society. With such unremitting efforts as have been made to raise the medical character of the country, by those who are prominent in the schools of medicine, in the production of admirable treatises, like the one to which these observations refer, it will be a sad reflection, in the end, if empiricism becomes predominant. Although several State Legislatures are giving their sanction to it, by chartering mongrel institutions, in which neither science nor common sense are recognized, such streams of medical literature are flowing over the land, that a hope may be indulged of the ultimate triumph of rational principles in medicine, and the overthrow of every kind of imposition which wars against them.

Medical Transactions, Southern New York.—A spirited body of practitioners, in the southern central part of the empire State, have been actively engaged in garnering professional knowledge, and brightening their own armor, from one period to another, till their efforts for carrying onward and upward the science of medicine, are witnessed with feelings of pride by

their professional brethren in other and distant places. The last meeting of the Association was in June, but through some unexplained cause, the printed transactions were but recently distributed. Dr. Miles Goodyear, of Cortland, is President. Essayists for the next annual convention, are Drs. C. L. Washburn and G. A. Barnes, of Broome; Drs. R. Wilcox and S. C. Green, Chemung;, Drs. C. Green and C. M. Kingman, Cortland; Drs. R. O. Crandall and H. N. Eastman, Tioga; and Drs. D. E. Bishop and J. S. Briggs, Tompkins. A session of two days must have afforded the members an opportunity for a social interview, which ought to be generally encouraged, with ample time for the despatch of the legitimate business of the Association. Among other collections of thoughts and practical suggestions in the published transactions, Dr. Green's method of producing collodion is worth recollecting, and is as follows. Pure nitric acid of the shops, ℥ ʒ; commercial sulphuric acid, ℥ʒ—mix and allow to cool. Pure cotton, 15 grs. Press the cotton with the acids—macerate thirty minutes and then wash it in repeated waters and dry it in an oven or the sun. Make a solution of it in four fluid ounces of sulphuric ether. Some good papers were read. Dr. Hyde, of Cortland, read one on lumbar abscess; and Dr. French, of Lisle, one on epidemic dysentery. One of the prominent items for consideration at the next meeting, will be a report on the qualifications for commencing the study of medicine.

Beaufort, Canada. Lunatic Asylum.—A board of managers, wholly of the medical profession, recently made a report to the commissioners, of the condition and prospects of the temporary lunatic asylum near Quebec. Such matters are conducted in the British Provinces far better than in staid New England, where it is the fixed policy of those having control to keep medical gentlemen at a respectful distance from lunatic hospitals. Any one is better than a physician, according to the present system of management. J. Douglass, M.D., J. Morrin, M.D., and C. Frement, M.D., the managers, would inspire confidence in any community. Dr. A. Von Iffland is the resident physician.

Medical School at La Porte, Ind.—The class at this school the present session has numbered 120—and the number of graduates, the last of this month, is expected to be over 20. A new building has been constructed, at a cost of $6000, which has nearly all been paid. More than one half the class the last season took the dissecting ticket, and the material has been abundant.

Tobacco in the Treatment of Cholera.—Dr. John W. Moore states in a Mobile paper that he cured 100 or more extreme cases of cholera, not losing one, by the use of tobacco. He administered it in the form of an enema of the strength of one drachm to the pint. He first tried it upon a negro whose pulse was gone, his tongue cold, and his muscles so rigid that he rested on his head and heels. In five minutes he was relieved, and the cure was perfected by drinking a decoction of senna. In his own case Dr. Moore took into his stomach a spoonful of the tobacco decoction, with perfect relief from cramp and diarrhœa. He has no doubt that cholera may be as easily managed as the fevers of our country.

Medical Miscellany.—There are in the State of Massachusetts 7413 foreign paupers, supported by a tax on the industrious people of the Commonwealth, 6707 being from England and Ireland, but nearly all from the latter country, with a perpetually increasing influx of the same destitute beings. Of this class 1494 arrived in 1848—and not only are, but probably will always remain, a public expense.—Word comes that there is much sickness among the emigrants in California.—A bill has been reported in the U. S. House of Representatives to prevent the patenting of medicines. —Two medical students, of Toronto, Canada, were recently shot, one badly, by the soldiers of a regiment stationed there. It appears that the soldiers suspected that the bodies of their dead companions had been stolen from the grave yard. They watched and caught the two students on the spot, with their implements, spades, picks, bags, &c.—A Dr. McCurdy, of Alabama, claims to have made a discovery, through chemical agencies, to render an iron wedge buoyant in water! He has been lecturing in Mobile on the subject, and says that the most important practical uses can be made of the discovery.—Dr. Jarvis, of Dorchester, is to give the annual discourse before the Massachusetts Medical Society, the present year.—A great class is in attendance at the Starling Medical College, Columbus, Ohio.—Dr. S. Wilson Kellogg has been promoted to a Surgeon in the Navy, in place of the recently deceased Dr. J. Vaughn Smith.—Dr. Charles Martin has received the appointment of Assistant Surgeon in the Navy.—The fees of the Sardinian physicians are fixed by law. Ninepence is the charge for a short visit. In China a salary is paid to the physician while the patient remains in a state of good health.—A Mr. Yates died a few days since in Manchester, Ohio, aged 113 years.

Remittances of Money by Mail.—Three instances have recently occurred, of money, directed to the Journal office, being purloined from the mail—which, together with a similar case last year, render it necessary to say a few words on this mode of forwarding payments. The above remittances were all from the State of New York, viz., three from towns north of Albany, and the other from the central part of the State, and amounted to more than $50. Part of them were directed to the editor, and the others to the publisher of the Journal, and would therefore, had the letters reached here, have been placed in different boxes at the post-office, thereby lessening the probability of their being stolen after distribution in Boston. From the circumstance of the cases occurring so nearly in the same locality, and no others having come to our knowledge, it is pretty evident there is a risk in that particular route which does not exist elsewhere. Every means will be taken to ferret out the place of these depredations and the parties concerned. The Post-Master General and the deputy post-masters have been urgently applied to, and we request subscribers in that section of country to aid us in a matter in which all are interested. In the mean time, it is suggested that other modes of remitting money—either by expresses or private hand—be adopted by subscribers in the State of New York.

Married,—J. H. Brown, M.D., of West Newton, Mass., to Miss S. R. P. Richardson.—De Witt C. Worden, M.D., of Fayetteville, Onondago Co., N. Y., to Miss M. W. Wild.—J. E. Bartlett, M.D., Somerville, Mass., to Miss C. Tufts.

Died,—At Plymouth, Chenango Co., N. Y., Dr. Ira Sheldon, a native of Rupert, Vt., an eminently good man, 65.—In Windham, Ohio, Dr. J. Angell, 67.—At New Iberia, La., of cholera, Dr. Eugene Weld, formerly of Brunswick, Me., 44.

Report of Deaths in Boston—for the week ending Feb. 17th, 90.—Males, 43—females, 47.—Of consumption, 10—scarlet fever, 15—lung fever, 8—croup, 9—typhus fever, 5—erysipelas, 3—disease of heart, 3—measles, 4—inflammation of the lungs, 4—unknown, 4—burns, 1—teething, 2—dropsy, 1—old age, 2—dropsy on the brain, 2—child-bed, 1—hooping cough, 2—disease of the bowels, 2—infantile, 1—convulsions, 2—starvation (on shipboard), 1—apoplexy, 2—smallpox, 1—marasmus, 1—debility, 1—tumor, 1—accidental, 1.

Under 5 years, 41—between 5 and 20 years, 12—between 20 and 40 years, 16—between 40 and 60 years, 16—over 60 years, 5.

Medical Staff of the U. S. Army.—Those who have watched the official course of the present indefatigable Surgeon General, Dr. Lawson, must acknowledge his efforts to place the medical military service in a position as commanding as possible. He seems never to have forgotten that the members have rights, individually and collectively. The following Circular will be read with interest by the profession generally, and is therefore transferred to the pages of the Journal.

Surgeon General's Office, Feb. 7, 1849.

Sir,—The position to which the Medical Staff of the Army has attained after a long struggle against prejudice and error, and in opposition to views entertained by some high in authority, is a gratifying illustration that "truth is powerful and will ultimately prevail."

The Officers of the Medical Department may now rest satisfied that their position in the Army cannot be successfully assailed by arguments addressed to the reason; and that if driven from the ground they now occupy, it can only be through the temporary triumph of prejudice and authority over truth, reason, and justice. Conscious of the soundness of their claims to military rank, the members of the Corps will hold themselves prepared to meet any issues which may arise between themselves and others in authority; and appealing to law and regulation, resolve "to ask for nothing but what is right, to submit to nothing that is wrong."

While it is confidently anticipated that the senior officers of the Department will be governed by a sound discretion, and always pursue the course best calculated to secure their rights, it is deemed expedient to call the attention of its junior members to some considerations which may aid their inexperience and lead them to a correct appreciation of their military position.

On the day of his appointment, an Assistant Surgeon is invested by law with the rank of First Lieutenant. This rank will give him precedence, (except where military command is implied,) of all Second Lieutenants, and of all First Lieutenants whose appointments as such date subsequent to his own commission.

On all details, then, for Courts Martial, Military Boards, and other mixed commissions where military command is not involved—each member acting independently, and giving his vote free from military control—the rank of the Medical officer will take effect; and against any order convening such Boards, &c., which embraces him in the detail without a recognition of his military position, it is his duty firmly yet respectfully to protest.

It is enjoined upon all Medical officers to take, in a conciliatory spirit, a decided stand upon this point at the very outset; and for the reason that encroachment promptly met will be more promptly checked; while any evidence of irresolution, or want of confidence in the correctness of their position, might lead to further aggression.

The time is propitious for the acknowledgment of the claims of the Medical Staff to a specific military position. During the late war with Mexico, their conduct in the field was the subject of high commendation; and there is a current of feeling in their favor which, if not diverted from its course by acts of indiscretion on the part of the officers themselves, will go far to remove the prejudices which have hitherto opposed the recognition of their rights.

THE

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PROFESSIONAL MATTERS AT THE WEST—MALARIOUS FEVER

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Finding your excellent Journal in the offices of a great many of the physicians of the West, and knowing the desire which many of your readers have, especially at the East, for information on matters connected with the profession here, I have been induced to pen the following.

The practice of medicine differs so greatly over the entire West, from what it is in New England especially, and, also, in most of the counties of New York, that it is curious and interesting to compare that of the two sections of country. The most striking peculiarity is the annual prevalence of malarious fever, over the whole extent of the broad West. Each year, however, has its peculiar forms of disease, differing widely as regards the number and severity of the cases. Since the first settlement of the country, there have been years that were marked with an universal prevalence of fever, and great mortality. The most sickly season which this country has experienced was in 1838, when every person—man, woman and child—was a subject of fever. Emigrants who were passing through with their families, were arrested on the way, and some of them being unable to procure shelter, were obliged to stop on the prairie, or under some grove, turn their horses loose, spread out their beds under the trees, or make tents of their sheets and bed-clothes, and were fortunate if *one* of their number remained well enough to take care of the others. A good clergyman informs me that he found many a family group in this way, and that he had more than once acted as a medical as well as spiritual comforter, on such occasions. There were so many sick, that every one bearing the name of doctor was employed, night and day, and a great many persons went through a course of fever without a physician ever seeing them during its continuance. Of course, many died for want of medical aid and nursing; for nurses were as scarce as physicians, and neither love or money could, in a great many instances, procure either. Happy was the family who had a house to shelter them, one of their number able to nurse the rest, and a good supply of medicines. Calomel and quinine were prescribed by nurses, and by clergymen; and almost every person who had attained years of maturity could deal out these two articles, provided they could get them

To an eastern druggist or physician, it will appear almost like fiction to hear of the scrambles for quinine which from time to time would occur during these sickly seasons. A gentleman of my acquaintance, and a very intelligent druggist, has related to me a great many amusing anecdotes connected with his occupation. The drug dealers were in the habit of procuring only their usual supply of quinine from the East; but if the season became unusually sickly, their stock would become exhausted within a few days from the commencement of the epidemic, and then began the riding hither and thither for some carefully-hoarded ounce of the precious article, or some obscure corner where the disease had not been quite as prevalent. The value of the article would sometimes go up at once to 2, 4, 6, 8, or 10 hundred per cent., as the quantity on hand, or the urgency of the call, or the avarice of the owner, might happen to be at the time. It was not then as it is in these happy days of rail roads and electric telegraphs. Now, if a man wishes an ounce of morphine or quinine, or a lot of surgical instruments, he walks to the Telegraph Office, and calls for it from the State of Indiana, or Illinois, as a guest would ring his bell at the Astor or Tremont, and will get an answer to his call nearly as soon. And the express will deliver it into his hand, at his own room, in a short time. But far different was it in 1838, or even in 1843 and 1844, when the central rail road was not half way across the peninsula of Michigan, and when steamers on Lake Erie did not make their 20 miles the hour. But supposing the fever has become prevalent far and wide over hundreds of miles, and the supply of quinine is exhausted. Now its value begins to be thoroughly acknowledged, as "blessings brighten as they take their rise"; and this much-slandered and indispensable friend in time of need rises up, in the imagination of the poor chattering wretch, like a rejected Saviour whom he has scoffed at and ridiculed in his hours of health and prosperity. No crystal spring which the fever-parched lips of the sufferer longs for, and which he remembers to have drank at in his childhood, appears more lovely to his mind's eye than would a tablespoonful of that white, bitter powder, which in times of health he would look on with indifference or disgust. But he knows positively that in the compass of that spoon lies health; that it has the power to moisten the dry tongue, cool and calm the hot, painful head, soothe the aching bones, strengthen his weak and prostrate frame, and make his loathed food taste sweet and wholesome. This he *knows*, for he has seen it too often to have any doubts. And for the want of 60 grains of that light powder, which would cost him 50 cents ordinarily, he must lie on a bed of pain for an indefinite periodr and perhaps *never* rise again. Or he may have those who are neare, and dearer to him than his own life, dependent on the same contingency. Then quinine has a value far above what its manufacturers or its wholesale dealers ever imagined. In times of great calamity, when a pestilence is walking over the earth, when some terrible disease like cholera or plague, or some unknown malignant fever, is raging, men look to some skilful physician, and crowd around his door-step or his carriage, besiege his house, and offer up petitions for his services—happy if they can get him to even *promise* them a visit. But here it is the reverse. They

look to the medicine alone, as possessing the skill within itself—as though it had intelligence, genius, judgment, learning, all combined. Men take it into their pockets as a charm to dispel a fiend—to restore their wives and children. Their dearest interests cluster around the inanimate atoms; and homeward, on wings as light as the dove from the Ark, flies the brother, husband, or father, confident that he carries in his pocket riches more precious than the mines of Peru. When the supply of quinine is exhausted, during one of these sickly seasons, and before another quantity can be obtained, all the substitutes, or what have been used at times as substitutes—such as salicine, strychnine, arsenical solution, eupatorium, colombo, gentian, cornus Florida, box-wood, poplar, and the whole host of things which have ever had the least reputation in curing fever of a malarious origin—are sought after, and tried, but are found inadequate to cure now. Then it is, that this blessed invention becomes invested with almost divine powers. For however serviceable these articles may be in certain cases, their failures are too frequent to depend on them, and quinine becomes *the* remedy *par excellence*. The immense quantities of this article sold at the West would astonish an eastern dealer in drugs. Five hundred ounces by one druggist, in a small village, are often sold in a few days; and in the larger towns 1500 or 2000 ounces are no uncommon sale by one house in from 12 to 30 weeks, and perhaps there are those who dispose of much more than this quantity. I know of more than one physician who deal out, with their own hands, and to their own patients, from 150 to 250 ounces of sulphate of quinine within a year; and most of this was used within 12 weeks, or during the prevalence of the endemic. The expense of quinine alone, to a man of much practice, must be a serious item, as it is generally bought in small quantities at a time, of the druggist, or travelling agents, a set of men who go about through the West, supplying physicians with this article and morphine, at stated periods. But the cost of quinine is more than all the other medicines taken together; this will vary, however, with different men, for there are those who make quinine a hobby, and will give no other article the least credit in arresting malarious fevers.

It is curious to hear the opinions of medical men on the *modus operandi* of quinine, and also on its effects on the system, when laboring under other diseases aside from malarious. Some contend that it operates on the poison of malaria, by entering the circulation and neutralizing it by a chemical action; others, that it acts as a sedative; others, as a tonic, and so forth. There is a great difference of opinion *when* to give it, and in what doses. The most enthusiastic advocates for its use, and those who make it a hobby, give it at all times and in all stages, and in all manner of doses, from 10 grains to 60 or even larger ones in some cases. These men contend that when malaria enters the system in sufficient quantities to produce fever, a sufficient quantity of quinine will prevent its attacks, if given in season; and when the attack commences, in whatever stage, cold, hot or sweating, if given in requisite quantities it will stop the fever, whether it be of the intermittent or remittent type. They contend that no intermission or remission is neces-

sary for its exhibition; that the hot stage of remittent fever is preferable, on the whole, to any other stage; and whether this reasoning is good and sound, or bad and untenable, as respects the *modus operandi*, one thing is very certain, that the patients treated in this way get well in a most incredibly short time. A man is seized to-day with a chill, and high febrile re-action comes on and continues for a few hours, or, as the case may be, a few days; he sends for a physician, and he prescribes 60 grains of quinine in 6 equal doses, and if he is very restless he adds one quarter or one eighth of a grain of morphine to one of the powders, perhaps the first one; he orders them taken once in 4 hours, and nothing else. In 24 hours the fever is gone. There has been neither emesis or catharsis, but a most profuse sweating has come on a few hours after the first dose; and all the sensible effect besides the subsidence of the fever and the sweating, is that the patient feels as if a swarm of bees had taken his head for a hive, or that it had become a tea kettle with boiling water in it. I have experienced the sound like wind in a distant forest, or like the distant noise of the surf breaking on the sea-shore. In some, a profuse secretion of urine will follow; but whether caused by the medicine or the subsidence of fever, may not be accurately determined. It is true, they get well; and it will appear odd to some to be told that neither cathartic or any other medicine is necessary to complete the treatment. Some begin the treatment by a short preparation—a cathartic of calomel or an emetic—and wait for an intermission or a remission, and then give the quinine, and follow its use by a laxative. Others give small doses of 5 or 2 grains often repeated; while the bold, decided ones give one large dose and let that suffice. Quinine is the remedy in every stage of the fever; but if organic changes have occurred from the continuance of the fever, as gastro-enteritis, hepatitis, splenitis, meningitis, bronchitis, pneumonitis, or other local disease of a serious character, then we are not to expect a cure by this remedy alone; but still they say give it, by all means, to destroy the primary cause; and treat the other affection as an independent disease. These local difficulties are so apt to come on when a fever is not arrested early, that it is quite a misfortune to neglect calling in aid early.

With regard to the mortality of fever in the West, it is quite inconsiderable compared with the great numbers who are the subjects of it. Most of those who die with fever are neglected, either from poverty, negligence of nurse, eating some imprudent thing during convalescence, obstinacy in refusing proper diet, or using inert or improper treatment, and all the great number of causes acting on a large scale over a great extent of country. I am convinced, however, that where one person dies at the West with fever, notwithstanding the poor accommodations that they have, 50 die of fever at the East—that is, out of an equal number of cases. This success is noticed by the people generally, and by the physicians in particular; and hence many a man educated at the East, and thoroughly, too, in medicine, will apply the principles learned there to the treatment of fever, and fail, and that, too, at a time when he wished to make the most favorable impression in the community where he has settled, viz., the first year of his practice. But if they

are not too self-sufficient, and will observe the disease closely, and deign to lay aside their dignified airs, and get down from their high horse, they will soon master what is really no very difficult matter. There is one thing which surprises us, because I think there is no ground for it, viz., the universal antipathy which the great mass of the inhabitants of the West have against sulphate of quinine. If it was a medicine which really is capable of deranging the system, as they contend it does, we should not be surprised. Against the abuse of calomel, the prejudice is well founded, for it is capable of, and has done, vast mischief. This is an incontrovertible fact. The holes through the cheek, the fixed and rigid jaws (after sloughing of the gums and face), not to mention the horrible deformity and deaths, which are familiar in countries where its abuse has been from year to year observed, prove its truth. But no such accusation can be brought and sustained against the sulphate of quinine. Its ills are imaginary; and if you ask what they are, you will be told that it does not prevent the return of the ague—or that it destroys the blood, falls into the limbs, producing rheumatism, or dropsy, or paralysis, or enlarged liver, or spleen, and a host of other things which in reality depend on malarious influences, or on a continuance of the disease, and not on the use of quinine. Let us examine, for a moment, this matter; and first, its return, or a relapse. It is very liable to do so, whether quinine or any other remedy is used. A little exposure to cold, or fatigue, or to night air, will almost surely produce a relapse; and the periodicity of the complaint renders it liable to come round once in 7, or 14, or 21 days. But if the quinine be given to anticipate these relapses, and prudence is observed, they may be avoided. It is the non-observance of these rules which induces repeated attacks, and these in turn gradually break down the constitution, impoverish the blood; and the enlarged liver and spleen are a consequence of the influence of malaria on the system, long continued and long neglected. If quinine is given promptly on the first appearance of fever, and its use repeated judiciously from time to time, to prevent relapses, we should not so often hear of the unpleasant sequelæ, and quinine would not be slandered unjustly. So great is the prejudice which the community have against it, that many physicians are in the habit of disguising it, by mixing with it a very small quantity of the red bark, cochineal, prussiate of iron, rhei, &c. &c., and rubbing down the crystals in a mortar; or making it into pills so as to completely deceive the patient and friends. How great soever the fancied necessity may be for such a procedure, it is wrong in principle, and cannot be sustained by the loosest construction of medical ethics. But I must close. In my next I will give you something more on western practice.

A. B. Shipman.

Indiana Med. College, Laporte, Jan. 12, 1849.

MEDICAL MISSIONARY OPERATIONS AT BALASORE, INDIA

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I often wonder that your Journal contains so little in regard to the operations of Medical Missionaries in different parts of the wide

mission field. Were it not for an occasional editorial remark, one would hardly know that such a body of men existed. And still, from the large number in the field, as well as from the great facilities they enjoy for the practice of medicine and the exercise of the surgical art, surely the medical public has a right to expect something more than it has received in the way of reports and important information. A desire to hear from others, induces me to send you a brief account of some of our operations here.

I have now been in India more than eight years, during which period a portion of my time has been devoted daily to attendance upon the sick. My patients have been emphatically the *poor*. The diseases which prevail most are cholera, fever, dysentery, dyspepsia, cutaneous diseases, and diseases of the eye. European medicines usually produce a wonderful effect on the native constitution, so that difficult cases, except in cholera, are not very common ; consequently the proportion of cures to the number of patients has been greater than could reasonably be expected among a more civilized people.

As machinery is almost entirely unknown, and the people are of a timid disposition, surgical operations, such as result from accident, are comparatively rare. Diseases of the eye, and tumors of various descriptions, afford the principal field for the exercise of the surgeon's skill. The Hindoos, though they frequently manifest the most astonishing fortitude under self-inflicted torture endured from religious motives, often exhibit a surprising aversion to the knife—so much so, that a man who would dance before an idle multitude with a gun-bayonet thrust through his tongue, walk over burning coals with naked feet, or swing aloft in the air on hooks piercing the thick skin of his back, would nevertheless suffer perpetual blindness, or go down to a premature grave, rather than submit to a surgical operation. Religious fanaticism, and the shouts of an admiring multitude, afford an antidote to voluntary torture which the surgeon's knife does not possess. Disease, too, often cools one's ardor, and prostrates the powers of life to such an extent, that what might be endured with composure in health, would overpower the debilitated patient. The consequence was, that with the exception of an occasional operation for cataract, excision of a tumor, or the adjusting of a fractured or dislocated limb, few operations were called for.

Painless surgery, which may well be classed among "God's best gifts to man," and which should call forth the gratitude of every philanthropic heart, was just what was necessary for the poor effeminate Hindoos. On the first announcement of the application of ether as an anæsthetic agent, I lost no time in fitting up a rude inhaler, and appropriating the great discovery to the cause of suffering humanity. Only one case offered, however, for its exhibition, ere chloroform was announced. The inhaler was laid aside, and a quantity of the latter article obtained, as being safer and less difficult of application. It operated like a charm. The first case that offered was one of extensive necrosis of the tibia, in which a large portion of diseased bone was cut away with a carpenter's chisel and mallet, the patient in the mean time quietly taking a nap. The second was an amputation of the arm of a child above the elbow, during which

the patient slept as quietly as though it had been soothed to sleep by its mother's lullaby.

The idea of painless surgery was new—it was almost miraculous. It took the people by surprise. Patients came pouring in from all directions, some from a distance of a hundred miles. Since that, my leisure has been pretty well occupied. During the hot and rainy seasons, when I have been constantly at home, we often had forty patients of a morning. As my other missionary duties are pressing, I have made it a rule that all should come at that time, except in cases of necessity—as in cholera, or in case of accident, when they are at liberty to call at any hour of the day or night; but so frequent are the interruptions at other times, that I have been under the necessity of erecting a palisade around my study to protect myself from intrusion. Only a small proportion, however, were surgical patients, and chloroform has been administered to but a few of those who have been operated upon. As some danger attends its use, I have not employed it except in cases where the patients would not submit to an operation without it. The government surgeon here disapproved its use, on account of the fatal cases that had occurred. Still I determined to persevere, trusting the event to a kind Providence. Thinking that these accidents might have been the result of asphyxia, produced by the too sudden or too abundant introduction of the vapor into the lungs, I was careful to administer it in moderate quantities and very gradually. A handkerchief, doubled in the form of a cone, sprinkled with thirty or forty drops, and applied loosely over the mouth and nose, seemed to secure the desired object, though three or four applications were often necessary. The result of this course was so satisfactory, that when, a few days since, I met, in your Journal, with Prof. Simpson's recommendation to administer it rapidly, and in large quantities, I still preferred my own plan though at variance with so high authority—and I was soon after not a little gratified to learn that the high authority of Dr. Mussy was in favor of the views I had adopted.

No unfavorable symptoms have as yet occurred, and the application of hartshorn to the nose has been sufficient to restore the patient immediately to the natural state. One great advantage which chloroform seems to possess, and which I have not seen noticed as yet, appears to me to consist in the alleviation of pain subsequent to the operation. It is well known that the after-pains in child-bed are often induced by the recollection of the sufferings of labor—and may it not be inferred that the sufferings which generally follow severe surgical operations may be induced or aggravated from a similar cause? I have been surprised at the slight degree of pain experienced by some of my patients. In the operation for necrosis, above mentioned, in which the parts were much lacerated, inveterate pain was experienced for a few hours, when it entirely subsided. In the case of arm amputation, no pain whatever was experienced. Several others have been nearly or entirely exempt, only complaining of soreness on pressure. In two or three cases I have been under the necessity of making some application in order to produce the necessary adhesive inflammation. I regret to add, that in one instance chloroform has failed. A woman, with cancer of the breast, took four drachms,

which produced intoxication and apparent insensibility, but the first application of the knife painfully showed that the usual anæsthetic effects had not been realized. As I had previously given a dose of laudanum to assist the operation of the chloroform, I fancied that this might have been the cause of the failure; but a second trial, a few days after, resulted in a similar disappointment. As she could not be persuaded to submit to the operation while in a state of sensibility, the case was abandoned, and she went away to die.

A register of all cases treated has been kept the past season, the summary of which will give you a view of the extent of our operations from April to November, eight months.

Whole number of cases,	1751
Medical cases,	1032
Surgical cases,	719
Surgical operations,	65
Operations under the influence of chloroform,	12

Among the medical cases, there were of fever, 109; cholera, 95; rheumatism, 95; syphilis, 29; dysentery, 29; diarrhœa, 27; indigestion, 139; consumption, 2; cough, 19; asthma, 13; cutaneous diseases, 64; spleen, 4; inflammation of the liver, 10; leprosy, 4; miscellaneous, 395.

A great proportion of surgical cases have been diseases of the eye, ulcers, affections of the joints, &c. Some of the principal operations are as follows:—Amputations—arm, 1; toe, 1. Dislocations—jaw, 1; elbow, 1. Fractures—arm above the elbow, 1; clavicle, 1. Cataract, 1. Pterygium, 20. Excision of tumors, 12—including one cancer of the breast, and several others of large size, mostly under the influence of chloroform. Entropium, 5. Obliteration of arteries for the cure of local diseases, 10. Operation for the cure of hernia, 6.

As the Oriyas have no medical literature worthy the name, and their practice is mostly empirical, I have been anxious to introduce the principles of European practice so far as practicable. To facilitate this object, I published, last year, a concise treatise on Anatomy, Medicine and Surgery, which has been well received. This season, a class of young men, mostly native Christians, have been collected from different parts of the Province, to pursue a thorough course of medical study. This class now numbers eleven, and there is a prospect of an increase hereafter. They devote their time entirely to study and the labors of the dispensary. They are supported mostly through the benevolence of the European public. As they have no text books, save the little one above mentioned, I am under the necessity of communicating the necessary instruction in the form of lectures. These are written down as delivered, and afterwards copied out by each student. In this way I hope to go through with a pretty thorough course of medical science, translating into Oriya whatever may be necessary to prepare our students for the duties of the profession, so far as the diseases of this country are concerned. Judging from present appearances, I think they bid fair to make good progress, as they pursue their studies and labors with an ardor never before manifest in any other cause. Through the generosity of a few friends, the means

for providing a small set of chemical apparatus have been obtained, which is now on the way from America.

As our Society renders no assistance for medical purposes, it has been somewhat difficult to obtain the necessary means for sustaining all our operations, but by sending circulars, soliciting donations, throughout the Province, a nearly sufficient sum has been obtained for present purposes. Until this season I have never been able to obtain a farthing from the heathen for any benevolent purpose; but chloroform seems to have put them in so pleasant a mood, that they have recently contributed $25 to provide medicines.

The influence of my medical labors, religiously considered, is, I think, highly favorable. They bring me much more in contact with the people, create a very desirable intimacy, and make them feel that I am their friend, and can do them good. All this prepares the way for the gospel, and opens their hearts to the influence of truth.

Balasore, India. O. R. Bachelor.

ABDOMINAL TUMOR—DR WAIT'S REPLY TO DR. WILLIAMS.

[Communicated for the Boston Medical and Surgical Journal.]

The object of my former remarks upon Dr. Williams's report of Mrs. Collins's case (see No. 21, Vol. 39), was to make known the kind of light with which it shone upon the daily laborer in the field of pathology and therapeutics. It is not manifest from my remarks that I sought to enlighten the profession any farther than to show whether that report shone by its own genuine light, or by light borrowed and fictitious. That it was *supposed* to shine of its own inherent light is proved by its being gathered into the Retrospect, in which such things only are gathered as are so supposed to shine. The kind of light with which his report shone, and which my remarks contended was borrowed and fictitious, is fully proved to be so by his second report, made in reply to me, and published in the Journal of the 17th of January. Any further notice of this subject would not be necessary, were it not for the mode by which he finally attempts to sustain his report, and refute my statement *that he declined a post-mortem examination.*

After showing, by his own statements, in his second report, that the brilliant parts of his first report were misrepresentations and exaggerations, he seeks to sustain his first report, as a whole, by the sweeping affidavit of the near relatives of the deceased. *Does his second report really destroy the brilliancy of his first?* That it does, compare, for the proof, the account of Dr. Spencer's operation upon the tumor, as given in report No. 1, with the account of the same operation, as given in report No. 2. The first says, "He" (meaning Dr. Spencer) "tapped her for her original ascites, and at the same time passed the trocar partly into the tumor, but to no effect except producing the discharge of about a pint of water, streaked with blood. He then punctured on the left side with as little success (the former was in the linea alba)." Who, on reading this quotation, does not understand the "pint of water streak-

ed with blood" as coming directly from the tumor? No other meaning can be taken for the sentence as it stands, or from any rhetorical rearrangement of its parts. Report No. 2 says of the *same operation*, "the discharge was, as reported, in quantity about a pint," streaked with blood, "the blood coming from the external wound and the tumor, *and the water from the abdominal cavity.*" This calls to mind the timid person, who, passing a grove after night fall, saw *fifty bears*—if he did not, he saw a *bush stir.* The first account confirms the diagnosis of sacculated dropsy, the second refutes it.

Again, Report No. 1 says, "Soon after" (that is, after Dr. Spencer's operation) "I made an opening into the tumor, but deeper than the doctor above mentioned, and in two hours it discharged two and a half quarts of pus." Who, on reading this quotation, does not understand that the two and a half quarts of pus was discharged by the *deeper opening that was made into the tumor*, and that it occurred *soon after* Dr. Spencer's operation." *Both of these ideas are explicitly and unequivocally expressed.* Report No. 2 says that Dr. Spencer's operation was performed on the 6th of June, and that on the 20th of the same month "they" (the patient and her friends, I suppose) "*discovered matter oozing from the puncture in the linea alba*, and they immediately sent for" him. *When he arrived, about a pint of matter had discharged.* He *enlarged the opening*, passed in a catheter, "and the pus was discharged freely." How suddenly a most splendid operation dwindles into a mere common-place one! The first account confirms the diagnosis of "a collection of pus"; the second account of the same event, does not. I will not waste time by continuing further the comparison of the items of these two reports of the same case.

Now, where does the term "falsehood" find an application? And not only that, but it is also seen, that the "additional details he troubles you with," for the purpose of "exposing and refuting falsehood," strip his report of all its importance and real merit.

How much do the affidavits of the father and sister of the deceased strengthen and sustain *both* reports, or either of them, as they are designed to do? How much could any number of such affidavits contribute to these effects? None whatever. And why? Because they say "that as far as they *know the facts* and *understand the reports*, they believe the statements in them to be just, true and correct." Mr. Collins gives in *his belief* to the same amount by affidavit. *Comment is entirely unnecessary.*

The probability, mentioned in my former remarks on this subject, that the wound made by Dr. Spencer's operation inflamed and suppurated, is strengthened by Dr. Williams's second report. He says the tumor formed an adhesion to the walls of the abdomen. If this were so, it is positive proof of the occurrence of inflammation, from the wound made by Dr. Spencer, in the tumor. Now is it to be supposed that the inflammation would be sufficiently intense and continuous to form an adhesion, without also occasioning suppuration of the tumor? I think not. If the constitution of the tumor had been a mere collection of pus, the tumor would have suddenly collapsed and subsided on the evacuation of

its contents. It appears, however, to have subsided only gradually, and this, according to both reports, it continued to do only as long as pus discharged from the wound in the linea alba. The only legitimate inference from these premises, is, *that the size and substance of the tumor was reduced only by the suppurative process.* All surgeons of experience know how very liable most heterologous growths are to softening, suppuration, and even sloughing, from but trifling injury and inflammation. All that is known, however, about the tumor, by any and every one, does not amount even to a probability as to its nature and connection. A *post-mortem* examination could alone speak reliable facts on these important points.

To my statement, that he was offered the privilege of making a *post-mortem* examination, but declined accepting it, he gives Mr. Collins's affidavit in refutation of its truth. When I made that statement, I knew what I was saying, although I called upon no one to confirm my conviction. But now, other testimony than mine seems to be called for, and here it is :—

St Lawrence County, ss.—Dr. Atwood Pitcher being duly sworn, deposes and says, that he has retired from practice, and lives in the neighborhood in which the late Mrs. Collins, wife of Richard Collins, resided during the last year of her life; that she died in a house on his farm; that he visited her many times, and took a deep and feeling interest in her case; that her consent to a *post-mortem* examination was given before death, and that it was generally understood by the physicians that had seen her, by the family, and the community, that an examination was to be had; that the next day after her death, in conversation with Mr. Collins about making an examination, this deponent said to Mr. Collins, "If Dr. Williams will not make an examination, Dr. Wait stands ready to make it;" that Mr. Collins replied, that unless Dr. Williams would be present he would not permit an examination; that this deponent did speak to Dr. Williams about his making an examination, and that Dr. Williams said he cared nothing about it, and that he was satisfied without making an examination, but if the friends desired it he would make it; that Dr. Williams did not "beg" this deponent to ask consent to an examination; that this deponent believes that an examination might have been had if Dr. Williams had been willing to attend it or make it; and that Mr. Collins in a recent conversation said that "Dr. Williams said at the time, that he cared nothing about an examination, as he was satisfied without it, but if the friends desired he would make it." ALMOND PITCHER.

Subscribed and sworn to, this 27th January, 1849,
before me, HARVEY D. SMITH, *Justice of the Peace.*

For months before the patient's death, the patient, her husband, and the family in general, were consenting to an examination *after* death. *Everybody* expected it. It was frequently and much talked of by physicians, friends, patient and neighbors. And on the morning after Mrs. Collins's death, Mr. Collins asked me in the street, if I would like to be at the examination, saying, in *his* words, "she would be opened." I said yes, by all means, I would not fail to be present. He said he was going to see Dr. Williams about it, and started off. I said I would remain there till his return, that I might know the time. In 15 or 20 minutes he returned, and said that "Dr. Williams did not care anything about it, as he was satisfied without an examination." At this moment Dr. Pitcher came up and said—"If Dr. Williams will not make an examination, let Dr. Wait make it, he stands ready to make it." "Yes," said I, "I will make it, and ask nothing for doing it." To this Mr. Collins replied that he would not have an examination unless Dr. Williams was present. How, now, stand the assertions, which Dr. Williams says he has shown to be false?

He adds a few remarks; and in his remarks, I will say, once for all,

that he quotes neither my language, opinions or motives correctly. I attribute this to his usual habits of thought. In remark No. 1, he sees an absurdity, or, as he expresses it in remark No. 4, a contradiction, in my saying that "I could form no opinion as to the origin of the tumor, or as to the nature of the tumor itself, in view of my saying at the same time that the "patient was the subject of a malignant cachexia." Is Dr. Williams candid in his conclusion, or is this portion of his remarks designed for home consumption? It is immaterial to me which way he answers this question. He confounds the generic term *cachexia*, with the name of a local or structural disease connected with any one particular form of cachexia. Calling a case cachexia, is, in his mind, defining the local disease connected with it; for he substantially says, that my calling Mrs. Collins's case a malignant cachexia is giving an opinion upon the nature and origin of the abdominal tumor present in it. How else does he arrive at his conclusion of absurdity and contradiction? The merest tyro in surgery knows that there are several kinds or forms of cachexia, and that these are distinguished from each by the nature of their respective *local affections*, and *respectively named after them.* Does calling a case cachexia, in which the local disease is an abdominal tumor, define *that* tumor to be scirrhus, or fungus hæmatodes of the ovary, or fibro-cartilage of the uterus, melanosis of the omentum, or scrofula or polypus of the mesentery? According to Dr. Williams's medical learning, it does. *Now, where* does the term absurdity find an application? The manner in which he mis-states the motive for introducing the names of Drs. Trowbridge, Lee, McNaughton and Lizars, is unworthy of an educated and high-minded man. Reference to my remarks will show that these distinguished names were not introduced to derive consolation from them, but lessons of wisdom and prudence.

He inquires why I did not operate upon the tumor? Because, as I then said, I had no rational hope from any operation upon the tumor. The course the case subsequently took, according to his own showing, justifies my prudence, and proves the tumor to have been anything else than "ovarian dropsy or collection of pus."

In remark No. 2, he almost gives me a compliment that I am proud of. He says it is no new trait in my character to decline giving an opinion as to the nature and treatment of disease during consultation. I have long drilled myself to be cautious in giving opinions of disease, and to be cautious in prescribing treatment, that I might not endanger the life or members of my patient, by an erroneous diagnosis or an inapplicable mode of treatment. And I judge, from the number and character of my employers, the importance of many of the cases committed to my charge, and the courtesies of my professional brethren, that my efforts have not been entirely in vain.

The remainder of his remarks that allude to me, are probably designed as aliment for some of his friends here. He knows that they *need and expect it.* He knows that his popularity and success with them depend upon their receiving it. He has been told the rock on which some others split. *These* were said to be *unambitious, unenterprising, without force or forwardness, too still, too studious and retiring, &c. He,* as in

duty bound, *tries to suit them.* Luckily I have no such friends ; none whose tastes relish and stomachs require such aliment. I have no experience in providing it. I have not been called on for it. I have cultivated the friendship of those whose souls have not been fattened on scurrility and invective, but who acquire property, character and standing by attending to their own business. *Therefore*, to reciprocate the manner, spirit or matter of these remarks, is entirely uncalled for, by any necessity that is perceptibly connected with my interests or happiness. If Dr. Williams's necessities with his friends require him to advance such, I, instead of retaliating them, shall pity his necessity. I have ever used him well, and shall continue to do so. If he chooses to pursue the aggressive policy, which he began at the counsel at Mr. Collins's towards me, and has continued nearly ever since, as occasion afforded opportunity, if his friends report him correctly, *he* may do it, but *I* shall not forfeit the respect of my friends, nor disturb my own happiness, as I should do were I to return upon him similar acts of hostility and similar obliquity of moral feeling. SAMUEL C. WAIT, M.D.

Gouverneur (N. Y.), Jan. 27th, 1849.

PROFESSOR STEVENS'S ADDRESS BEFORE THE NEW YORK STATE MEDICAL SOCIETY.

[Communicated for the Boston Medical and Surgical Journal.]

THE annual address of Dr. Alexander H. Stevens, delivered before the New York State Medical Society and members of the Legislature, in the Capitol at Albany, during the last week, has been printed under the official patronage of the Senate of the State, who ordered 500 copies for their use ; a compliment which was merited by the high character of the orator, and not less by the intrinsic excellence of the address.

Dr. Stevens is the President of the New York State Medical Society, of our own College of Physicians and Surgeons, and also of the American Medical Association—so that he may be justly regarded as at the head of his profession, alike in our city, State and country. This is certainly a very rare accumulation of medical honors, and in this case they have been earned by a life-long devotion to the healing art, as a writer, teacher and practitioner, especially as a surgeon, in which capacity he has won many laurels.

His present address is entitled "The Plea of Humanity, in behalf of Medical Education," and only a mere abstract of its varied topics can be alluded to here. After referring to the eminent men who guided the counsels of the State at the commencement of the present century, and mentioning such names as Van Ness, Spencer, Clinton and Kent, whose wise policy it was to foster medical education by State patronage, thus providing for a body of learned and skilful physicians, Dr. Stevens proceeds to vindicate their policy as alike honorable to their sagacity and philanthropy. This he does by an able argument in behalf of legitimate medicine, and its claims to the homage and gratitude of the human race ;

which he illustrates by historical reminiscences and facts, attesting the public indebtedness to scientific and scholastic medicine, for discoveries and improvements by which its disciples have enriched the world, checked the mortality of disease, and by prolonging human life, as well as by diminishing its ills and sufferings, conferred upon mankind blessings which have very largely increased the sum of human happiness. He claims for the medical profession proper, that their self-denying philanthropy, in their toils for the public weal, are less appreciated and more poorly paid, than are the physical and intellectual labors of any other profession or calling. Yet such has been their incorruptibility, so strong their professional integrity, that except in a very few degenerate and unworthy examples, they have been content with their privations, with self-respect, and spurned the pecuniary rewards of quackery though these have always been in their reach. And he infers that they who are now seeking to fill up the ranks of medical science, with a knowledge of its scanty promise of recompense, are prompted by nobler aims than filthy lucre, rightly estimating the healing art as a liberal profession, in contradistinction to a mere trade, and its professors as urged to duty by a pure philanthropy, and seeking to excel in the capacity for enjoying the luxury of doing good, and looking only for those rewards which a consciousness of superiority, and the gratitude of their patients, afford. Their compensation, when it comes, is incidental, but money-seeking is not the primary, or even prominent object of the physician who is worthy the name.

Dr. Stevens next proceeds to show the nature and extent of the gratuitous services rendered by medical men, not only to every benevolent institution in the land, but also in ameliorating the condition of society in every department of life; and here he cites the multiplied examples in which American physicians, among the living and the dead, have immortalized themselves and their profession by originating and sustaining the great philanthropic movements and reforms of the age. But our limits will not permit a fuller detail on this topic.

By an extended statistical calculation, it is shown that by the advancement and diffusion of true medical science and art, the duration of human life has been steadily increasing for centuries. This is demonstrated by a vast collection of statistical data, at home and abroad, bearing upon the ratio of mortality from disease. And then the inquiry is started, to what extent might the mortality of the State of New York be diminished, by a supply of well-educated physicians adequate to emergencies in every department, and under whose guidance, true hygienic principles might be generally reduced to practice. By a very moderate estimate indeed, Dr. Stevens supposes that there are 2 per cent of unnecessary deaths annually, viz., 1500, out of 75,000, the aggregate mortality of the State for the year. And then he proceeds to calculate the pecuniary loss to the State of this per centage of unnecessary mortality, and to show the pecuniary gain by the prolongation of life which would result from supplying the State with learned and skilful physicians, so that the poor might everywhere have the advantages of science when suffering from disease or injury. And here will be

found an exhibit of facts and deductions, which from their novelty and interest will startle the political economist, and furnish an additional chapter to the inquirer after vital statistics.

The address concludes with proposing that the State shall open the doors of the medical schools without charge, to all who have received the necessary preliminary education, and require a longer period of study, and a more rigid examination, as the test of requirement, and of course as preliminary to the degree and license. The addition of a professorship of Agriculture to each of the medical faculties of the State is justly urged.

The address throughout is able, dignified, and forcible, while its appeals to the assembled Legislature of the State, for the protection of the public health, by fostering instead of crushing medical learning, must have been felt, however they may be unheeded.

New York, Feb. 12, 1849.

TARTAR-EMETIC IN DISEASES OF INFANTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed several articles of late in the Journal relating to the use of *tart. ant.* in diseases of children, especially in the nursery. Now so far as its *use*, or rather its *abuse*, in the nursery is concerned, I presume that all that is said about it is true; but I cannot see why a valuable remedy should be scouted from a most important position in the treatment of diseases of children, simply because the GRANNIES of New England choose to abuse it. If so, we should have but little medicine left for infants; for there is scarce an article, from calomel down to saffron, that some old granny does not keep, ready to *cleanse the stomachs* of her own or her neighbors' *babies*. And if some physicians, who have more boldness than discretion, have killed their little patients with *antimony*, cannot the same be said of most other medicines? I had the pleasure, some years since, of listening to an able and eminent professor, whose organ of *cautiousness* was amply developed. "Gentlemen," said he, "tartar-emetic will do for *adults*, but should not be given to *children*; give in its stead a *little* ipecac."

During a long ride, in my first year's practice, I was called to see a child laboring under *acute bronchitis*. Of course I pulled out my vial of ipecac. It was empty—squills, do. What was to be done? I was 12 miles from home and ipecac.; the case was urgent, and I became desperate. Putting 4 grains of tartar-emetic into a large teacup, I filled it with water, and ordered one teaspoonful every 3 hours until the cough and hurried respiration were relieved. My patient rapidly recovered; and since then I have never been afraid to give tartar-emetic to children; but in all acute diseases of the lungs, I have used it freely, and always with perfect satisfaction—having, after some years' trial, found it the most certain, prompt and *safe* remedy that I can use in disease of the lungs. In children it supersedes the use of the lancet and blisters, which, to say the least, are as dangerous, and much more inconvenient to use, than antimony. I give from 1-16 to 1-4 of a grain in solution, every 3 or 4

hours, lessening the quantity if it irritates the stomach or bowels; and often combining it with the cyanide of potassium, a still more powerful remedy. When emetics are indicated, ipecac., squills, &c., are used, instead of tartar-emetic. Tartar-emetic is, no doubt, a powerful remedy, but I have yet to learn that any remedy, useful in diseases of adults, may not, when the dose is properly regulated, be safely given to children.

Steam is a powerful agent, and many lives are yearly lost by its use; but I shall never go to Boston on foot, because accidents sometimes happen on your railroads and steamboats. WM. W. FINCH, M.D.

Ausable Forks, Feb. 13, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. FEBRUARY 28, 1849.

Philadelphia College of Physicians.—Much pleasure is derived from the perusal of the quarterly published transactions of the Philadelphia College of Physicians. With less machinery and formality than appertain to many medical associations of far higher pretensions, the Philadelphia College is certainly gaining an influence that is destined to be of marked advantage to the profession. The practice of giving the public a digest of all that transpires at the meetings, puts the practitioner in immediate possession of the medical discoveries and improvements which characterize the age. Of what utility, beyond the limits of the Society's members, would all its learned disquisitions, debates, and investigations be, were they never made known to the profession? Like unwritten laws, or the traditions of by-gone days, the benefits now realized would be concealed under a bushel. Why do not all other societies, having the same objects in view, imitate the example of the Philadelphia College, and allow their light to shine abroad? It is a narrow-sighted system of management, that puts under lock and key every communicatian that is made to a society. What will such treasures be worth at some future period, when the progress of discovery is so rapid as at times to destroy the value of some of the highest medical authorities, that were at the period of their advent vainly supposed to be imperishable monuments of human progress, beyond which there was nothing left for exploration? No thought or suggestion, which promises to be of service to humanity, should be kept a secret by physicians. Let the whole world have the immediate benefit of every discovery, subjected to the approval of those whose appropriate sphere it is to examine and determine the point what is and what is not new or useful; but no medical association can justify its course in packing away the accumulated transactions of its members, and never permitting them to have publicity.

Whether subscriptions are taken for the Philadelphia quarterly reports, or not, is unknown to us. It is certain, however, that they are an exceedingly profitable kind of reading for practitioners, and if the circulation were a hundred fold increased, they would be regarded by those who were so fortunate as to possess them, as creditable to those who prepare them, and among the best specimens of medical research and scientific industry this country has produced.

Dr. Manley's Address.—By order of the New York Academy of Medicine, the anniversary discourse of James R. Manley, M.D., delivered Nov. 8th, has been published. The author has a bold, energetic style, which indicates honesty of purpose, and literary merit. He goes like a race horse over the ground; but, notwithstanding the multitude of subjects that appear to have been the objects of his meditation at leisure moments, the greatest evils in professional life have more particularly been pictured, by the hand of a master. Dr. Manley sees, with prophetic clearness, the final influence which the sin of insincerity and radicalism in medicine is destined to exert. To be useful and eminent, be just and faithful in every position, and especially so in the responsible one of a medical adviser. It is gratifying to perceive that Dr. Manley reasons like a christian philosopher in regard to a future existence, with a view to enhancing the importance and value of life in the estimation of those who might possibly underrate it from the circumstance of becoming familiar with death. We have rarely found a better explanation of homœopathy, than is given by Dr. M. "It prescribes," he says, "for sensations, and not for symptoms, and the remedies are assorted according to the sensations which they produce; so that the symptoms of the medicine and not the symptoms of the disease guide the practitioners in their treatment. Of all the follies which have ever taken possession of a deluded public, not even excepting that of prescribing for patients without inquiry into the nature of their diseases, this pseudo-philosophy, called homœopathy, is entitled to the palm. It sets at naught all the laws of nature; it claims that medicinal agents are remedial in an inverse proportion to the quantities exhibited—that is to say, that an ounce, a drachm or a grain being remedial, the ten thousandth, the millionth, the billionth or decillionth part is much more effective; so that the premises on which the system is founded being granted, all medicine consists in negation; for the doses prescribed are infinitely less than are exhibited day by day in our food and drink for the sustenance of the human body in a state of health." Hydropathy, mesmerism, chrono-thermalism, and even *galvanism*, are placed at a low level by the vigorous arm of the orator of the Academy. We agree with him most heartily in his severity upon all the isms but the last, fully believing that galvanism, in proper hands, is a powerful agent in the treatment of a class of maladies not readily reached by other means. A little allowance must be made for a prejudice which Dr. Manley has taken against it. On all other topics introduced into the discourse he meets our views precisely. He is a brave, independent thinker, and on all proper occasions speaks out with boldness his sentiments. The Academy embraces very many talented and accomplished members, of whom the profession entertain high expectations. If they are influenced by those excellent principles Dr. Manley recognizes as the only foundation for a medical distinction worth possessing, the institution has an opportunity of accomplishing important and desirable results.

Researches on Capillary Circulation.—A re-print of Dr. Bennet Dowler's paper in the New Orleans Medical and Surgical Journal, will be read with great interest by those who are curious in scientific pursuits. The author is exceedingly industrious—leaving no spot unobserved, where his active intellect finds it worth while to commence investigations. Such a contributor must be held in great estimation by those having the full bene-

fit of the periodical in which Dr. Dowler has for a long while exhibited his peculiar ability for profound research. Physiological inquiries seem to afford him just that amount of pleasure which is necessary to stimulate a brain organized like his own. Were he to construct a volume on that subject, embracing all that is new and useful, with such accompaniments as his genius, experience, and wise discrimination, might naturally suggest, it would be received with eclat.

Medical Matters and Medical Men in London and Paris.—Those who would like to ascertain, upon reliable authority, whatever is most interesting in the history, personal appearance, position, influence and claims of the principal medical and surgical characters of Europe (most of whom are to be found in London and Paris), could not consult a more satisfactory work than has been prepared by David W. Yandell, M.D., of Louisville, Ky. He is the son of a distinguished professor in that city, and having visited Europe for the purpose of profiting by the wisdom of the old world, appears to have improved his opportunities in the most commendable manner. He was an active, instructive correspondent of the Western Journal of Medicine, during the two years he remained abroad, and those letters have now assumed the port and dignity of an octavo of 309 pages, on which the author may look with pride and satisfaction when his locks are white with age, as praiseworthy evidences of youthful industry, and critical observation of men and things, at moments when many young Americans, in the midst of gay metropolitan excitements, are spending their time and energies in frivolous or hurtful pursuits. The father may well be proud of his son's course thus early in life, indicative of an eminence only attainable by unremitting industry in the pursuit for which he has been carefully educated.

Medical Miscellany.—A new remedy for tape worm, called kousso, an Abyssinian plant, is recommended by a commission of the faculty of Paris. —A man in Troy Grove, Ill., gave strychnine to five of his children, because it was *some kind of medicine!* and four of them died.—Dr. Hill, of Cincinnati, trephined a man of 26, for epilepsy, successfully. The patient had the skull depressed by an injury when only 18 months old.—A woman 23 years of age, in London, lately gave birth to *five* children, well formed, but all stillborn.—Dr. Thomson recently excised a tumor weighing 14½ lbs. from a lady of Tiverton, R. I., while the patient was under the influence of chloroform. She died before its effects were over.—That extraordinary disease, the *black tongue*, has again appeared at Augusta, Ky.—Another med. school has grown up at Peoria, Ill. Lectures commenced in November last. A copy of the introductory lecture, by E. S. Cooper, M.D., has been received.—Dr. Kirkbride's report of the Pennsylvania hospital for the insane, for the year 1848, is published.—Cases of hydrophobia are still chronicled in various sections of the country.—A mistake occurred in last week's Journal, in the name of the place where the Canada Lunatic Asylum is located. It should have been *Beauport*, instead of Beaufort.—An active demand for quinine still continues at this port, for the California emigrants.—Scarlet fever, erysipelas and smallpox still prevail extensively in different parts of the country.—Professor John Conquest Cross delivered an able discourse at the request of the City Council of Memphis, Tenn., early in January last which is a monument of industry and research.—

Prof. Harrison has withdrawn from the editorial department of the New Orleans Medical and Surgical Journal, leaving Dr. A. Hester the sole editor.—The cholera does not seem to be spreading in any portion of the United States at present.—In the town of Bedford, Mass., on the 29th ult., Mrs. Lydia Fitch, aged 57 years, died of lockjaw. Several weeks previously, she run a needle into her foot to the depth of about one-eighth of an inch. The premonitory symptoms of lockjaw soon after appeared, which, after much suffering, caused her death.

The late Medical Degree at Geneva.—The following reply to the remarks in last week's Journal were received too late for insertion in their proper place, and must either be deferred till next week or inserted here in small type. Presuming the writer would prefer the latter course, it is adopted. It will be seen that both writers appear anonymously, but their names are given to the editor.

Mr. Editor,—D. K., in your last number, seems shocked at the conferring of the degree of M.D. upon a female at the recent commencement at Geneva College. Your correspondent is decidedly behind the age. How long is it since the leading physicians of Boston sent out a circular, recommending the establishment of an institution for the education of females in the art and science of Midwifery? Prof. Warren can enlighten him on this point, should he need information. Are there no female accoucheurs in this country? Are there none in France and Great Britain? Were there none in Egypt in the time of the Pharaohs, about the period of Moses' birth? How was it in New England, in the time of our forefathers? In the 1st vol. of the "Collections of the Maine Historical Society" (p. 285), we read that the General Court held at Wells, July 6th, 1646, "presented Francis Rayus *for presuming to act the part of a midwife;* the delinquent, examined by the Court, is fined fifty shillings for his offence, and paying the fees, 5*s.*, is discharged." *Tempora mutantur, et nos mutamur in illis.* Has D. K. ever heard of Madame *Boivin*, M.D., of Paris, the distinguished lecturer and writer on obstetric science? The fact is, there are, and always will be, female accoucheurs; the only question is, shall they be educated? There can be but one opinion on this point. As to females engaging in the general practice of medicine, the idea is absurd; D. K. need have no fears of a rivalry, which he seems to dread, as about to jostle him uncomfortably. The "nefarious process of amalgamation" will not be consummated to a great extent in his day. D. K. talks of "the professions of law, medicine and divinity, as masculine duties." Are there no masculine females? Was not Madame Potemkin and Madame Dacier both honored with the degree of LL.D., from one of the first English universities? The records of freemasonry will show, that females have been inducted even into that most honorable order. I see no reason, why, if a female has made the proper acquisitions, and proved herself worthy of the honor, she should not receive the degree of M.D., as well as Mr. D. K., or any other person.

Miss Blackwell, it is well understood, studied medicine for three years in the private office of Prof. S. H. Dickson, of New York, a gentleman whose fitness for judging of the proper personal (medical, physical and moral) qualifications for the study and practice of medicine, no one, it is presumed, will doubt. It is also understood that Prof. D. not only approved, but strongly advised Miss B. to prosecute the study of medicine and qualify herself for its practice; and we are informed it was chiefly in consequence of his flattering recommendation, that she was permitted to attend the courses of lectures in Geneva College, and admitted to an examination for a degree. We honor the college for its liberality; and we believe the profession will sustain it still more generously for the disinterested bestowal of its honors on the deserving, irrespective of sex or condition.

Even admitting the correctness of D. K.'s remarks in general, with respect to woman's unfitness for engaging in the practice of medicine, it would be strange indeed if exceptions did not occasionally occur. From all we have been able to learn respecting Miss B., she is emphatically an exception. "*Exceptio probat Regulam.*" Justus.

To Correspondents.—Communications have been received from Dr. M. L. North, E. K. Webster, S. Laughton, and F. H. P.—Our two belligerent friends in New York State are reminded that the article of one of them in the present number completes an equal number of articles by each, and it is hoped it will not be thought expedient by either of them to continue the controversy.

Died,—In New Orleans, by suicide, Dr. Juan Rovira, a French physician to the Communist Society of Icaria, in Texas.

Report of Deaths in Boston—for the week ending Feb. 24th, 93.—Males, 43—females, 50.—Of consumption, 11—typhus fever, 1—scarlet fever, 15—brain fever, 3—lung fever, 6—bilious fever, 1—infantile, 9—measles, 8—croup, 4—convulsions, 1—inflammation of the bowels, 1—inflammation of the lungs, 4—dropsy, 1—dropsy on the brain, 4—old age, 3—dysentery, 3—debility, 2—disease of liver, 2—quincy, 1—suicide, 1—delirium tremens, 1—influenza, 1—child-bed, 1—palsy, 1—teething, 1—canker, 1—erysipelas, 1—tumor, 1—marasmus, 1—disease of the spine, 1—pleurisy fever, 1—disease of the bowels, 1.

Under 5 years, 45—between 5 and 20 years, 18—between 20 and 40 years, 15—between 40 and 60 years, 8—over 60 years, 7.

On the Sound of Circulation. By G. G. White, Esq., Newport.—An interesting article which appeared in a recent number of the Lancet, from the pen of James Yearsley, Esq., revealing a new remedy for deafness, induces me to communicate to your columns a discovery which I made, some time ago, of the sound of circulation, the result of which affords, I think, an explanation of the causes of numerous cases of defective hearing.

By inserting the ends of the fingers within the ears, or by covering them with the hands, or any other part of the person, we perceive a rumbling sound ; this sound proceeds from circulation throughout the system, and is conducted to the hearing through the fingers or the part applied. If another person places his hands over our ears, we hear the circulation coursing through his body. Other noises are excluded, and the sound of circulation is carried with full force to the tympanum. If a lifeless body is applied there, no sound is produced ; so that it may be determined by a reference to the organ of hearing when the blood ceases to flow, and life becomes extinct. By holding any conducting, though lifeless, object to the ear, we may get the sound slightly, but it will proceed from the hand or from the living body which supports it there. This may be simply tested. By turning the head upon one side and standing a cork within the ear, no rumbling will be heard, except, perhaps, a very faint one, produced by its contact with the portion of the orifice where there is a vein, from which it is conducted ; but by applying the fingers to the cork, and pinching it, the sound is increased to an extent which will leave no doubt as to its source.

In most cases of deafness, the patients complain of an incessant buzzing or rumbling. Now, it is evident that all sound must come to the ear, as sight does to the eye, externally ; and if the orifice of the ear be not rightly formed—if it be a little sprung, or swells, or projects into its own channel, it must convey this rumbling sound in the same manner as will the fingers or any other part of the person ; and it must, according to the extent of the deformity or projection, shut out other sounds and communicate its own. The same rumbling is sometimes produced in gaping ; oftener, however, when the gaping organs act with the mouth closed ; also, to a slight extent, in swallowing. The action projects a portion of the sides of the orifice of the ear into its own funnel, which conducts the sound. I can, at any time, produce the buzzing in my own person, by a contraction of muscles in the region of the ear, mis-shaping thereby its channel to the drum. It will be readily understood that wax may produce, in some measure, the same rumbling, by its contact with the orifice, or a part of its lining, from which it may communicate the sound of circulation, at the same time closing the channel to other sounds.

If this theory of deafness and of rumbling, from defective construction of orifice, be true (and I have no doubt it is), could not a shaping frame be made to remedy it ? Is there no way of correcting the form of the channel to the tympanum ?—*London Lancet.*

The Cholera in France.—Dr. Delpouve, of St. Omer, has addressed a letter to L'Union Médicale, wherein he mentions that the cholera is making sad havoc in that city. The attacks have been sudden and without previous diarrhœa ; most of those who have suffered were in excellent health, and died in five, six, eight and twelve hours. The poorer inhabitants have hitherto been the only sufferers.—*Ib.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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A DISSERTATION ON FEVER.

Delivered before the Medical Society of Vermont, October, 1848, by the President, James Spalding, M.D., and published by request of the Society.

Writers upon the diseases of particular climates very naturally treat the subjects on which they write in a general way or manner, without descending to particulars or minutiæ. By confining themselves to what is common, they give us a good idea of diseases in general; in this way they furnish us with our elementary or standard works, by which we compare and judge of diseases in their peculiar and modified forms.

The ordinary limits of a single dissertation will not allow me to enter very minutely into so vast a subject as that of fever. A notice of some of the most prominent traits in the pathology of *typhus fever*, in reference to its *causes* and *treatment*, is all that will be attempted at the present time.

The typhus fever, as it has occurred in my practice, has never been uniform in its character. It has never presented itself to my observation as being exactly the same in any two seasons. It has ever appeared to me to partake of an epidemic influence. Its type is various. In some years it is quite inflammatory, and again it is of low type. Sometimes it resembles a bilious remittent, and again it mingles with scarlatina, dysentery, and other diseases. I do not deny that this fever may arise from certain specific causes, and be of such uniform character as to require the same treatment; still I am constrained to say that it has seldom, if ever, presented itself in my practice in this shape or manner. On the contrary, it has been so much influenced by circumstances and causes, as to render it sporadic, endemic, epidemic, contagious, or non-contagious, in different seasons.

Febrile causes, no doubt, are sometimes of telluric origin; and in order to produce their deleterious effects must escape from the earth and be breathed by animals, or be held in solution in the water which they drink. But a more frequent source of fevers is derived from the decomposition of animal and vegetable substances (principally the latter), which is going on upon the surface of the earth, exhaling noxious gases, and impregnating the air with the elements of disease. These injurious agents are so abundant, and so variously combined and applied, as to produce not only many fevers, but extreme modifications of the whole tribe of febrile diseases. This is strikingly exemplified in our epidemics, cholera,

spotted fever, &c., which are so changed in their aspects as to be regarded by many physicians as new diseases.

The atmosphere, independent of any foreign substance which it may contain, is a frequent cause and modifier of disease. Its temperature, moisture and density may be ascertained with a good degree of precision; but all this, together with the noxious agents which it may contain, will not account for the mysteries connected with epidemics. The inhabitants of a section of country, for instance, while enjoying unusual good health, are suddenly attacked with a pestilential and fatal disease. We naturally look around us for the cause or causes of the mortality. At first we find nothing to awaken suspicion. The same genial heavens are over our heads, and the same earth, clad in green, or frost-bound, is beneath our feet. From whence, then, cometh the pestilence? The truth is, that the efficient causes of these scourges of our race are still involved in obscurity. The electrical state of the atmosphere may have something to do in the production and modification of disease. It need not seem surprising that animals which are destined to live in an element connected with an agent so powerful as that of electricity, should be influenced by its different states. But I have not time to dwell on this subject.

The spotted fever, or typhus syncopalis, as it appeared in 1813, was the most malignant fever that I have ever witnessed. It was quite sectional in its character; some towns suffered severely, while others were entirely exempt from its ravages. All ages and classes were its subjects. In some instances the largest portion of a numerous family were swept away so suddenly as to be buried in one common grave. Thirty cases, out of 200 which I saw, between the middle of March and the first of June, terminated fatally. The sudden attacks of this fever were, in most if not in all instances, preceded by a well-marked predisposition. A patient laboring under this predisposition was seldom conscious of it, and yet it was real. On examination, darting pains were detected in some part of the body; the pulse were found to be quick and feeble; the eye slightly inflamed; and the tongue exhibited a thin whitish fur, through which the elongated papillæ were seen with their scarlet points. In this state the predisposed were greatly benefited by one or more small bleedings; circulation was thereby promoted, and the pulse increased in volume and strength. Among several hundred of this class, where we practised bleeding as a preventive, scarcely one had the fever. After the attack, such was the debility of the patient that very few could bear either general or local bloodletting. I had an opportunity of examining but few cases that died of this fever. The surface of the body was either of a dark cloudy color, or covered with spots or petechia to a greater or less extent. Nothing unusual was discovered in the brain, except an increase of vascularity. The lungs were of a dusky color, and somewhat resembled the external appearance of the body. The heart was empty, and appeared flabby. In one instance where the patient died suddenly, the left ventricle and the root of the aorta contained a large mass of coagulable lymph; nothing unusual was observed in the other organs.

The best opinion I was able to form of the origin of this epidemic, was that something deleterious existed in the atmosphere, which operated upon the system in such a manner as to greatly sink the vital powers. The predisposition above described was produced by the same causes which induced the disease. In many instances it wore off with but little injury; the natural efforts of the system being sufficient to restore perfect health.

The main treatment of spotted fever, as it fell under my observation, may be summed up in a few words. The first thing required, was to promote sweating; after which a moderate diaphoresis was to be maintained during the whole course of the fever. This was generally effected by surrounding the patient with steam or hot air, sipping hot teas, and administering sudorifics, such as James's powders, Dover's powders, camphor, &c. An emetic of ipecacuanha, either alone or combined with a few grains of sulphate of zinc, was frequently used, not so much with a view of evacuating the stomach as to arouse the vital powers to action. Occasional laxatives were generally safe and proper. But even these gentle remedies, unless used with caution, were liable to induce a sinking state of the system. It was found important to keep all the organs in such a state as that they might perform their respective functions. At the same time the strength of the patient was supported by a judicious administration of the diffusible stimulants. The more permanent stimulants, denominated tonics, were sometimes found necessary and useful.

In the winter and spring of 1814, the pneumonia typhoides, or bilious lung fever, as it was termed, was extensively epidemic, and in some places was attended with great mortality. Adults were more subject to it than children. The intemperate, the aged, and those who had weak lungs, were the least likely to recover. The fever was usually ushered in with chills; pain in the chest and side; a tedious cough, at first dry, but soon followed with a bloody expectoration; a quick, depressed pulse, with more or less difficulty of breathing. There was generally a redundancy of bile, and in bad cases there was more or less delirium. In 7 or 8 days the fever usually abated; occasionally, however, it continued 2 or 3 weeks before convalescence took place. Cases terminating fatally did so, in most instances, on the 5th, 6th or 7th day.

Notwithstanding appearances seemed to forbid the use of the lancet, most patients were essentially benefited by the loss of 6 or 8 ounces of blood once or twice a-day, for several of the first days of the fever. The pulse and breathing were improved, the pain in the chest and side were mitigated, and expectoration was promoted, by this evacuation. Blistering the thorax was quite beneficial. A solution of tartarized antimony was found a good febrifuge-expectorant. But the greatest remedy to be relied upon, was calomel, with opium and ipecacuanha, used so as to produce a slight salivation. The specific effects of mercury were invariably followed by an abatement of the fever and ultimate recovery of the patient. A violent mercurial action was restrained by a solution of acetate of lead, used not only as a gargle. but internally in small and repeated doses. I look upon lead as the best antidote to the poison of mercury which we possess.

But I hasten to the consideration of typhus fever, in its more specific form, as it has occurred in my practice for the last 30 years. I have noticed the foregoing epidemics, not merely because I have witnessed them, but because they are considered typhoid in their character, and from the manner in which they affect the vitality of the system they shed no inconsiderable light upon genuine typhus.

Allow me, before proceeding further, to call your attention to the *extent of surface* which is exposed to the immediate contact and operation of febrile agents, as much of the importance of fever is to be attributed to this circumstance. Who does not know that burns and scalds, when they are extensive, are much more dangerous than the same kind of injury in a concentrated form? The surface of a middle-sized man is estimated at about 16 square feet, and that of the air-cells of the lungs at more than double that amount. Add to this, the surface of the membrane which lines the nose and its cavities, that of the fauces, œsophagus, stomach and bowels, and we shall have a vast amount of surface, all of which is exposed to the immediate operation of the causes of fever. The sentient extremities of the nerves and small vessels receive the first impression, and for a time the disease is resisted and warded off from the system. Thus a deleterious atmosphere may be respired without any very serious inconvenience for a certain length of time; but if it is longer continued, the vessels cease to obey the laws of health, and disease invades the system. If any portion of the deleterious gas is admitted into the circulation, the extent of surface operated upon by the efficient cause of fever is greatly increased; for not only the surface of the body, the air-cells and contiguous membranes, the stomach and bowels, but the whole extent of the internal coat of all the vessels is placed in contact with febrile agents. Typhus fever, then, is a general disease, affecting every particle of fluid and solid, and whenever it has arrived at this pass cannot be thrown off—time is required to renovate the fluids and wear out febrile impressions.

I do not maintain that febrile agents operate in this way, exclusively; on the contrary, the nervous system in many diseases may be morbidly affected, for a time at least, independent of a diseased state of the fluids; but I do not believe this is often the case in genuine typhus fever. Whenever we bleed, even in an early stage of typhus, the blood is found to be not only thin, but of a dark color. It is true that this state of the vital fluid may be induced without the admission of any foreign agent into the circulation. The lungs may be so impaired in their function as to prevent their maintaining a healthy appearance and condition of the circulating fluid. But it has been clearly made out, to my mind, by those who have thoroughly investigated the subject, that not only contagion, but other noxious substances, are, through the medium of the air-cells of the lungs, admitted into the blood, thereby producing many febrile disorders. That this is the case, in most, if not in all cases of true typhus fever, I have no doubt.

Within a few years an unsuccessful attempt has been made to establish a distinction between typhus, and what has been denominated typhoid fever. I believe them to be essentially the same. The fact is,

that fever affects the organs differently under different circumstances. It may be that typhus operates upon the follicular glands of the bowels more particularly in typhoid fever, in consequence of the deleterious agents being taken into the stomach and bowels in our food and drink; while the same agents, taken into the system through the medium of the lungs, would constitute or induce the more usual form of typhus. The following case would seem to show that febrile causes may invade the system through the medium of the lungs, stomach and bowels at the same time.

B. C., a young man of strong constitution, whose weight was over 200 lbs., during the summer of 1841 was engaged in building a saw-mill, adjacent to which was a foul spring of water from which he frequently drank. In the course of two weeks he was taken with the typhus fever in its most violent form. It affected, in the first place, his stomach, producing nausea and vomiting. This was soon followed by a bilious diarrhœa. His pulse was quick, but not so strong as his appearance would indicate. His breathing was short, and he complained of a hard pain in his head. He soon grew delirious, and became unmanageable. The blood in his case did not exhibit the usual marks of inflammation, being neither cupped nor buffed. In consequence of the violence of his delirium, we were unable to bring him under regular treatment, and he died on the 8th day of his fever.

This case might have been denominated phrenitis, by some physicians, and no doubt it was attended with a high degree of vascularity of the brain, which differed, however, from common inflammation. It had most of the characteristics of genuine typhus, and yet how very different it was from the following cases.

In the fore part of July, 1829, I was called to see two young misses, on Middlesex hills, who had been drooping about for a week or ten days, without being confined to the house. On examination, I concluded that they were laboring under the typhus fever in its mildest form. As there were no cases in town, I had a great desire to ascertain its origin. Everything appeared neat about the house. I was assured that there was nothing wrong in the cellar. There were no swamps or marshes in the vicinity that could infect the air. A fine stream of water passed near by the buildings. On examining the water in the well, we found that it had not only a bad smell, but a nauseous taste; and as this water had been used by the family for some time after it became disagreeable, we concluded that it might be (and probably was) the principal cause of the sickness of the girls. The well was soon cleansed, and the family furnished with pure water. Still the fever was not arrested. Others, in the course of a week or two, were taken down in a more aggravated form. The fever did not subside till it numbered ten subjects in this single family. No one escaped, save the old lady, who was constantly smoking her pipe, and a little boy who was kept running of errands, and slept away from home. They all recovered. Great pains were taken to cleanse and ventilate the apartments, and keep everything in a good condition about the sick. In fair weather the children were carried by the nurse into the garden for an airing. They never failed,

although weak and feverish, to be not only pleased, but refreshed, by this out-door exercise.

Typhus-fever patients are more likely to suffer from the want of pure air than from exposure to the weather. In the winter of 1823, a poor family in this vicinity contracted the fever, and no less than four were confined in one room, and three in another. The air soon became very bad in every part of the house. Three of the patients died in the second and third week, and I saw no reason why all of them would not die in so foul an atmosphere. Having failed in my endeavors to obtain another house, where they might enjoy the benefit of pure air, I directed a man to ride out with them every day that the weather would permit. They were greatly benefited by an exposure to the cold winter breezes. Meantime the windows of the house were taken out, and the rooms were thoroughly ventilated and cleansed for the reception of the sick. Soon after this procedure, the patients began to improve, and all of them subjected to this treatment recovered. But it is to be borne in mind that this was a measure of necessity rather than of choice, and is not to be imitated without good reasons.

Typhus has several times been produced, in our village, by the overflowing of our streams, filling our cellars and wells with impure water, and leaving an accumulation of filth on our low lands. Cold, damp cellars, emitting an offensive odor, are fruitful sources of typhus fever. The disease commenced, after one of these freshets, in the summer of 1831, in the very place where we might expect it to begin. A young lady was taken down as the first subject, who lived near by a large slough, which had been filled up with vegetable matters undergoing fermentation, which very sensibly affected the neighboring atmosphere. This case terminated fatally. But the fever was not long confined to this point, but sprung up in several families on State street, whose wells and cellars had been filled with unwholesome water. It constituted a real endemic, and was attended with a redundancy of bile. Females in middle life were its greatest sufferers; it proved fatal to some of this class, most of whom were nursing mothers. Emetics and cathartics were better tolerated than they generally are in this disease.

In every season that typhus has been prevalent among us, I believe it has originated from local causes, and has to some considerable extent been propagated by contagion. In confirmation of this statement, take the case of a vagrant, who, in the spring of 1823, was arrested in this place for some petty larceny, and incarcerated within the cold, damp walls of our old jail. The room where he was confined was foul and badly ventilated. After remaining here five or six weeks, he looked sickly, and refused to eat. On examination, he was found to be universally debilitated, hardly able to walk by the side of an assistant. A tremor pervaded his whole system; his tongue was red, and his pulse were quick and feeble. I pronounced it to be a case of typhus fever, and directed his removal out of the village. After a run of twenty-one days he became convalescent, and soon regained his flesh and usual strength. But this was only the commencement of the misfortune; for several persons, who assisted in taking care of him, took the fever. Indeed,

it spread all over the neighborhood, and did not subside until the latter part of the following winter, when it was found that not less than forty cases could be traced back to this victim of the law.

In the above case, is it not quite certain that the state of the air in which this man was confined was the principal cause of his fever? If it is replied that others might be similarly exposed and not contract the disease, I reply this may be possible, and yet it may be true that these very persons may become strongly predisposed, and yet escape the fever. That noxious gases under certain circumstances induce typhus, cannot well be doubted; and we are naturally led to inquire how such agents operate upon the system in order to produce their peculiar effects. On this subject, we are permitted to know some things, while others are involved in mystery.

It is highly probable, as has been already intimated, that the whole or a part of the surface of the body, the breathing apparatus, and the alimentary canal, from their exposure to the immediate contact of febrile agents, receive the first impression and transmit it to the brain, capillary vessels and other parts of the system. On examination, we find that divers organs and parts are affected differently, according to their different susceptibilities and the nature of the hurtful agent. In regard to the lungs, while pure air is received into them they perform a healthy office. But when deleterious agents operate upon the delicate nerves and vessels of the air-cells, for a certain length of time, they take on a morbid action, and do not perform their accustomed function. The aeration and purification of the blood is not perfected, and some portion of the febrile poison is taken into the blood, and serves still further to contaminate the whole mass of circulating fluid. The same theory will apply to the stomach and bowels. Those febrile agents which are contained in impure food and water, when taken into the alimentary canal, are treated in the first place as enemies by the nerves and vessels with which they come in contact, and they are either expelled from the system without producing permanent injury, or else the vessels take on a diseased state. Febrile agents may as readily find their way into the circulation through the medium of the stomach and bowels, as the lungs, and in either case they must be gradually expelled from the system by the cutaneous emunctory and other outlets of the body, in order to a return of health.

Enough has already been said to give us a clue to the state of the body in typhus fever. We find that not only the whole man is sick, but disordered in such a manner as is calculated to maintain and perpetuate the fever for some length of time. The secretions, the excretions, and the exhalations, are in a morbid state, and all combine to surround the patient with a febrile atmosphere, which must in a greater or less degree be respired, thereby adding fuel to the fire.

I have said that typhus fever was contagious. It may not be so under all circumstances; at any rate, the contagion may be so diluted as to render it inoperative. Take an example. C. P., a young man, was taken with the fever in the fall of 1841. His mother was an excellent nurse, kept everything neat and in perfect order. The room where he

was confined was large and well adapted for ventilation, having a window in the west end, and another opposite, which allowed a current of air to pass through it. I assured the attendants that they could not take the fever in his case, and although he was quite sick for three weeks no one contracted the fever from him. Other similar instances might be mentioned to show that much may be done to prevent the spread of the fever. But I must hasten to its treatment. Preliminary to this, I would observe that everything which relates to the patient is to be regarded remedial, and is to be under the control of the physician. The air he breathes, his drink and nourishment, the room in which he is confined, the bed on which he lies, light and darkness, noise and silence, exercise and rest, wakefulness and repose, in short whatever may affect either the body or the mind, falls under the care of the physician, and should be made efficacious to the recovery of his patient.

The fanciful doctrine, "similia similibus curanter," has little to do in the treatment of typhus fever. If the doctrine contain any truth whatever, it will be found to be an exception to a general rule. That remarkable man, Napoleon Bonaparte, whose manner of life led him to frequent exposures of his health, constructed a much more rational system, which he long practised successfully upon himself, and which was directly opposite to the one alluded to. When he was indisposed, he endeavored to find out the cause or causes of his complaint, and then to pursue a course opposite to that which produced his sickness. Thus, if his disease was occasioned by cold and fatigue, a warm bed, with suitable rest, was found to be the true remedy. If his complaint resulted from too free living, abstinence was pretty sure to cure him. On this principle I would say, if typhus fever is produced by deleterious gases, it might be thought desirable that the nature of these gases should be understood, so as to lead to a remedy in what is opposite. But in order to cure diseases, it is not necessary to be *strictly* antipathic. We may, to a very great extent, antagonize the effects of the efficient cause or causes of typhus, by atmospheric air and other appropriate remedies. I propose pure atmospheric air, of a suitable temperature, properly applied, as the first and great remedy for the cure of typhus fever. I am aware that it will be said at once that pure air has ever been considered essential in the cure of all diseases. This is generally true, and I am ready to acknowledge that some of our best writers, such as Drs. Good and Watson, have laid great stress upon the doctrine now advocated. In stating this, however, I do not mean to yield the whole ground. I would ask, has any writer proposed pure atmospheric air as the first and great remedy for the cure of typhus fever? Has it not been regarded rather as an adjuvant than a real remedy? By presenting this subject in a somewhat new light, I shall commend those principles which have long guided me in my intercourse with the sick.

It has been said that the tendency of this fever is to health. This, no doubt, is true when everything about our patients is favorable; but in opposite circumstances the tendency is to death. We ought hardly to expect the recovery of a patient in typhus when he is surrounded by a foul atmosphere, whose every respiration impinges upon the delicate coats

of the air-cells a deleterious agent, and that not occasionally, but constantly, for days and weeks, thereby destroying the function of the lungs and rendering the blood and all the secretions impure. On the contrary, if the patient during the whole course of the fever can, to some good extent, breathe a pure atmosphere, and have it applied to his person in such a manner as not only to prove an equalizer of the circulation, but a refrigerant, an anodyne and a tonic, who, I ask, can fail to see in this very thing a principle that may involve the fate of every subject of typhus fever.

How, then, shall we place our patients so that they shall be most likely to recover? In warm weather, if they must be deprived of the privilege of being in the shade in the open air, where they can be fanned and refreshed by the gentle breezes, thereby dissipating morbid exhalations, then they should occupy a large, high room, with windows well calculated for ventilation. It should be neither papered nor carpeted, nor should it contain any useless furniture. Something may, no doubt, be done by disinfecting agents, but they are never to be used to the neglect of free ventilation and the most perfect cleanliness. Pure atmospheric air, of a proper temperature, is to be made use of, not only as a fit remedy for the lungs, but for the body as applied to its surface. Whenever the skin is dry and hot, it is to be cooled down to a proper temperature by fanning the body with a sheet, and by properly adjusting the bed-clothes. This is not only a cooling, but a cleansing, process. Whenever it does not operate satisfactorily in accomplishing the ends in view, we may have recourse to cool water, applied, however, with some caution. There is no case where the face, hands and feet may not be washed and kept clean during the whole course of the fever.

Atmospheric air can be used, not only to allay the fever, but to equalize febrile heat. If the head of the patient is inclined to be too hot, as is generally the case, it can be kept sufficiently cool by the application of cold air; and the best way of doing this, is to place a bladder partly filled with ice water to the head, thereby cooling the air down to 32°, a temperature sufficiently low for all practical purposes. The extremities or any other part, whenever too cool, may be warmed by a resort to bottles filled with hot air, a hot brick wrapped in flannel, or bags of hot sand, thereby raising the temperature of the air, as may be required. We see, then, that with atmospheric air we not only cool the patient down to any desirable degree of temperature, but we equalize the fever, while at the same time we do much in cleansing the body from impurities by the same agent. Meantime we tranquillize the nervous system, promote sleep, guard against delirium, and accomplish much in bringing back the morbid condition of the vessels to a normal state.

An atmospheric bed, I am satisfied, might be used advantageously for fever patients. They would be found cool and comfortable, and would do much to prevent those troublesome ulcers which sometimes occur during a long confinement. When such beds cannot be procured, and *bed-sores* have already taken place, bladders half filled with air may be applied as cushions on or around the ulcers, with great comfort to the patient.

The vessels and nerves of the internal or mucous membrane of the alimentary canal are no less affected in typhus fever, than are those of other surfaces, and are to be treated on the same general principles already laid down, regard being had to the function of organs, as all morbid secretions are a source of irritation to the parts with which they come in contact. The first thing to be done is to remove them, with those remedies which operate gently and leave the stomach and bowels in a good condition. Ipecacuanha is a good emetic when such a remedy is required, and castor oil is an excellent cathartic. After the stomach and bowels have been properly cleansed, they are to be supplied with the most simple materials to which they are accustomed in health. A class of remedies termed diluents, of which water is the principal ingredient, may be used to advantage in febrile disorders. The absorbents of the stomach, even where digestion is destroyed, readily take up these fluids and convey them into the circulation, where they serve to supply, in some measure, the waste or deficiency of the blood and other fluids. Whenever the stomach is capable of digestion, warm, nourishing liquids should be taken moderately, not only with a view of replenishing the vessels, but to awaken the natural instinct of this important organ. These simple remedies have still another use. I refer to their diaphoretic effect. Where diluents, such as water, gruel, diaphoretic teas, &c., fail of producing a moisture upon the skin, some suitable sudorific should be administered, as often as is necessary to produce and maintain the desired object. The skin and lungs are somewhat analogous in their functions; in a certain sense, they perform a vicarious office for each other. Whenever the blood is rendered impure in consequence of disease of the lungs, the cutaneous organ, if kept in a proper state, is capable of transmitting morbific fluids, and thereby relieving the system. If its temperature is uniform and near the healthy standard, and suitably moist, we may be satisfied with its condition. Whenever cordial diaphoretics are required, the diffusible stimulants, such as gum camphor, opium, alcohol, ammonia, &c., may be administered, as the patient requires. The good they do does not always depend upon the diaphoresis they produce, for they not only promote warmth and circulation, and a moist skin, but they sustain the sinking powers by keeping up an action of the whole system. I have seen not a few cases where the apparent struggles of death proved a sort of crisis to the disease, and were followed by a rapid recovery. A skilful application of appropriate stimulants, not only internally but externally, assisted by a current of fresh air, is often instrumental in re-calling the patient to life, especially if the integrity of the organs has been preserved during the fever. Under such circumstances, we are not to despair, although vitality is reduced to its lowest ebb. While life remains, there is hope. On the contrary, if, either from the intensity of the fever, or from bad treatment, some part or organ essential to life has been injured irremediably, then whatever we do will prove unavailing—the patient must die, in spite of all our efforts to save him.

In our daily visits to our patients, we should ascertain the true condition of all the viscera and parts essential to life. If we find any organ

suffering unduly, either from congestion, inflammation, or otherwise, it is the very part that claims attention, and we should give no sleep to our eyes until the complaint is removed and an equilibrium is established favorable to health. The skilful physician foresees the evil in season to remedy it; while one less observant does not detect it until it is too late, and death is the consequence.

It is believed that very few die of typhus fever, merely from general debility. Whenever the vital powers are greatly exhausted, and the diffusible stimulants are likely to fail us, other remedies may be tried. In extreme exhaustion, attended with coma, the arsenical solution of Dr. Fowler is sometimes used with good effect. As a peculiar stimulant, phosphorus, given in small and repeated doses, has acquired some repute in sustaining the patient. Among the cerebro-spinants, some few are noticed as being capable of creating and calling out vital energy—as, for instance, strychnine given in one-twelfth-grain doses every four or six hours, it is stated on good authority, is capable of generating vitality; while quinine, administered at the same time, calls it into action. Such medicines are a desideratum in the treatment of fevers of a low type. That they possess these peculiar virtues, I confess I have no experience.

SKETCHES OF EMINENT LIVING PHYSICIANS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have often thought how delightful a series of gossiping letters from Greece, in the days of the sage of Cos (something like the travels of Anachasis); or from Rome, in the days of Galen; or from London, in the days of Pott and the Hunters—would read at the present day. Politicians, literary men, the *pure literati* and artists, are continually made the subjects of letters, memoirs and biographies. The letters of Willis, the *Memoranda* of Rush, &c. &c., show what can be done in this way, in the departments of literature and politics. Why do we desire to see the faces, and take pleasure in, once at least, conversing with the master minds of our own and of other professions? But you may say, medicine and medical men are not proper subjects for such remarks and comments as are referred to above. I answer, that I can see no reason why the younger portion of the profession, at least, should not gratify (in the language of Dr. Knight, in the National Medical Association) their "laudable curiosity."

To the politician, historian, or merely literary man, a glimpse at the personal, every-day appearance, habits and manners of the distinguished, either living or dead, is food for their pen. Why not equally so, the manners and habits of medical men, who fill so large a space in the world's eye? Can you not see, mentally, the rough but kindly bearing of Abernethy? the good-natured and gentlemanly air of Sir Astley Cooper? the downright, straight-forward manner of Velpeau—or the stately, cold, but polished address of Physic? And can you not compare these with the haughty, self-sufficient step of Dupuytren, or the brusque

carriage of Larrey? To be sure you can, and these things form a part of the men and their times; through these, not unfrequently, we may see into various peculiarities of their mental constitutions—their preferences and antipathies—their devotion to one branch of our profession rather than to another, &c. &c.

In addition to this, a short sketch of the distinguished men of our time, does good in holding up to the young aspirant for medical honors, the models which he is to follow, or the peculiarities which he is to shun.

Entertaining these views of the matter, I have long thought that sketches of a few of the prominent living physicians of Philadelphia might interest the numerous alumni of her schools, while reading the pages of your widely-circulating Journal. I propose beginning this series by giving a short outline of

DR. JOHN BELL.

I must, however, premise that I do it without the knowledge of the parties concerned; and, with your assistance, without their knowledge of my identity. I must also say, that I have no private pique to gratify in writing these sketches; they are written merely with the view expressed above.

Dr. John Bell, who resides in Spruce street below 8th street, is well known to the medical world as a voluminous writer on a variety of subjects. For several years, he edited successfully the "Select Medical Library and Eclectic Journal," and is the author of a standard volume on *Baths*. This work, we are happy to learn, is about going through a new edition, and will soon appear enlarged and improved. No American physician, in my opinion, should be without this volume. The subject of baths, simple and medicated, is by far too much neglected in our country; and it is the duty of the medical profession to enlighten public sentiment on this matter. Dr. B. is also author of a work on the Practice of Medicine, the greater part of "Bell and Stokes's" lectures on the practice of medicine having been written by him.

A very excellent account of the course of the cholera in 1832–33, was drawn up and published by Dr. B. and one of his friends, several years ago, which would throw light on the course of this great epidemic at the present time. A splendid edition of an English translation of "Rayer on the Diseases of the Skin," was edited, and numerous and valuable notes added, by Dr. B., several years ago. This work is now probably the standard authority in the branch on which it treats, in this country. It was among the first of those folio volumes—among which are Moreau's Midwifery, "Pancoast's Quain's Anatomy," "Pancoast's Operative Surgery," &c., whose publication forms a new era in the history of medical book printing in the United States. It is a valuable addition to our medical literature; as would the translation of the great work by the same author (Rayer) on Diseases of the Kidneys.

The "Journal of Health" was, for several years, sustained chiefly by the indefatigable pen of Dr. B. And its influence on the habits of our people, particularly in the training and education of children, was marked and beneficial. We should be glad to see such a Journal, edited by such talent, in existence again.

For several years, and, we believe, still, Dr. Bell edited a widely circulating newspaper, devoted to the causes of temperance and colonization. These labors, however, to him are but amusement. To edit a paper, dash off a lecture on "The Power of Association," "The Painters and Paintings of Italy," or lengthy statistical accounts of the evils of intemperance, is merely recreation—and, like Jonah's gourd, *done in a night.* An extensive practice, which has continued, perhaps grown up, from a nine-year's service, as Attending Physician to the "Philadelphia Dispensary," is attended to with scrupulous fidelity; and the affection of his patients, manifested by their expressions of gratitude, tell in the truest language, that Dr. B., under an exterior, perhaps a little rough, carries a warm *human* heart.

As a lecturer on Physiology in the Medical Institute, founded by Prof. Chapman in 1818, and for many years the nursery of many of our now distinguished teachers, Dr. B. had few equals for general research and accuracy of detail. True, he is not a very imposing lecturer—he attends more to the matter than to the manner—and old Virginia, from whence he, with many others, have come to seek their fortunes, had done well had she given him a little more of the animal, with his clear intellectual capacities. But all who prefer fact to fancy, truth to fiction, and real learning to bombast, will listen to Dr. Bell, on this or any other medical subject, with pleasure and profit.

But I find my paper is covered, and I have not finished Dr. B. I must therefore close, promising, should this suit, and I find time, to continue the narrative. Yours truly, CATO.

Philadelphia, Feb. 24, 1849.

LOBELIA IN HYDROPHOBIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following statement has been thought to possess sufficient importance and interest to warrant its publication. If you think so, you may, if you please, give it an insertion in the Journal.

Dr. Benaiah Sanborn, who died in 1841 in our neighboring town of Sanbornton, had a very extensive practice for many years in that town and vicinity, enjoying, to an eminent degree, the confidence of the community around him. Although making no pretensions to very much science, he was considered a skilful physician, and a man of high moral and intellectual worth. "Having ascertained," as he supposed, "that lobelia was an antidote to poison of extremely virulent character," he was induced to test its virtues in the treatment of hydrophobia, an opportunity for doing which soon presented. The swine of four families, on the borders of Sanbornton and Meredith, were bitten by a dog supposed to be mad. The Doctor proposed giving the lobelia by way of experiment. To three of the swine it was given as soon as possible, and continued to be given freely for some time. These all lived, while the one to which it was not given proved mad and died of hydrophobia.

He was afterwards called to see a son of Esquire Mooney, of Canterbury, 9 years of age, who had been bitten. It was the 11th day of his

disease. "He had become very wild, and the spasms were so severe that it was necessary to confine him and pry open his mouth in order to administer anything." Whilst the lobelia was preparing, he gave, in hopes of allaying the spasms, a powder composed of opium, 1 gr.; sal. nitre, 1 gr.; camphor, 1 gr.; digitalis, 2 grs. A strong decoction of the lobelia being prepared, was then given and repeated until free vomiting was produced. It was taken with difficulty at first, being ejected from his mouth and nose, but the effort was persevered in and succeeded. In three hours, the Doctor remarked, "the patient was relieved, and sat at the table and took tea with the family comfortably."

Another case, in which the same treatment was entirely successful, was that of a Mr. Newell, of Reading, Mass. His reputation for the successful treatment of this dreadful disease, it seems, became somewhat extensive, and is, to this day, held in high estimation by the people amongst whom he dwelt; so much so, I am told, that many of them are in the habit of yearly laying by them in store their bunch of lobelia.

The facts, as above related, I have had in my possession for a long time, having been for many years a neighbor to Dr. S. Having had no opportunity to test the value of this treatment by actual experiment, and having never seen, as I recollect, any allusion, in any of our Medical Journals, to the use of lobelia in the treatment of hydrophobia, I thought the communication might not be uninteresting or unprofitable to the profession. Should any be induced to make trial of the above, I hope they will give the result of their experiment through the pages of the Journal.

Boscawen, N. H., Feb. 22, 1849. E. K. Webster.

SPEEDY RE-UNION OF FRACTURED BONES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—As the following case is somewhat out of the ordinary course of surgical experience, and may prove of some practical value to young surgeons, I have thought fit to forward it for publication in your valuable Journal, should you think proper. Respectfully yours,

Foxcroft, Me., Feb. 16, 1849. S. Laughton.

July 24, 1848.—Was called to visit A. S. Bartlett, Esq., of Dover, æt. 33 years. Temperament sanguino-bilious; of medium stature; never used ardent spirits. While oiling some of the machinery in his iron factory, had his left hand caught in a band, which carried it around an iron shaft of some two inches in diameter, fracturing and lacerating the hand and forearm nearly as high as its middle, in a most shocking manner; also producing transverse fracture of the humerus just below the insertion of the deltoid muscle. The elbow and shoulder joints were uninjured. The point at issue between the by-standers present, when I arrived, was, shall the limb be amputated at the seat of fracture of humerus, or below the elbow? There being no medical gentleman present with whom to consult, I decided upon the latter, though much against the judgment of most who were present. I immediately reduced and dressed the fractured humerus, applying the starched pasteboard

splints; after which I amputated the forearm near its middle, adopting, as I usually do, the method of Mr. Liston. The wound was dressed in the usual manner with water dressings, the patient placed in bed, and the limb, in the state of semi-flexion, was laid in a curved concave splint.

Considerable swelling of the stump below the elbow followed, caused, probably, by the closeness of the dressings above, but was readily controlled by saturine and evaporating lotions. The wound united by first intention, and was perfectly cicatrized by the 14th day. Nothing worthy of note occurred up to the 13th day, when the patient complained of an unusual degree of pain, which for the first time was referred to the seat of fracture. On removing the dressings, I found the swelling of the arm had subsided, leaving the envelope of splints quite loose about it, and upon examination ascertained that re-union of the fracture had not yet commenced. The cause of pain was also discovered to be the action of the deltoid and pectoral muscles on the upper fragment of bone, tending to raise it from its proper place. The dressings were now more closely re-applied, and the case progressed without an unfavorable symptom to the time of perfect re-union, which was accomplished on the 15th day of August, 22 days from the date of the injury.

Mr. B. is now, and has been for several months past, wearing an artificial arm and hand with great ease and convenience, and manages his horse with as much apparent ease as ever.

The point which may be considered as worthy of special notice in the above case, is, the early re-union of the fracture above the amputation, the weather at the same time being exceedingly warm. If similar cases have occurred in the practice of other surgeons, I should be happy to hear from them, and of the results, either privately or through the Journals.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 7, 1849.

Spurious Quinine.—A distinguished chemist addressed us a note, last week, asking if it would not be advisable to let our medical readers know that they must be careful in purchasing sulphate of quinine. as there is a large quantity in the market shamefully adulterated, to the extent of twenty-five per cent. by analysis. So it seems that the new drug inspection laws cannot prevent all the fraudulent schemes in the matter of medicine. This one item of information shows very clearly that our apprehensions, some months since, were well founded, that the cheating in drugs would hereafter be accomplished at home instead of abroad. The advantages of changing the system, by Congress, are, that our own unprincipled dealers get a double profit. Formerly they sold the spurious articles already prepared; now they perform the adulterating manipulations themselves, and thus conduct a thriving business. An active demand for sulphate of quinine has grown out of the California epidemic—the fact being notorious that intermittent fevers are one of the accompaniments of gold hunting. This circumstance, therefore, has very likely induced

individuals to exert themselves with activity, to supply the demand, so that all who wish may carry a bottle to the new El Dorado. One of the most lamentable features in this abominable deception, is, that there are no legal means of arresting the sale. Even arsenic and prussic acid may be sold at the corners of the streets, by apple-boys, for aught that we know to the contrary, without trespassing upon any law or ordinance existing in this ancient Commonwealth. Notwithstanding the national law, therefore, in regard to drugs and medicines, the ingenuity which has been developed is working immense mischief.

Boston Socie'y for Medical Improvement.—A delightful anniversary meeting of the association was held at the elegant residence of Dr. Hayward, Pemberton square, on Tuesday evening of last week. The members will look back with pleasure to the pleasant interchange of civilities, and the hospitality which characterized the occasion, and, like ourselves, regret that some scheme cannot be devised for bringing the profession of the city more frequently together. Medical gentlemen, in different parts of the town, are almost strangers to each other. New comers into the ranks professional, proportioned to the constant increase of population, should be taken by the hand and introduced to the brotherhood; and thus a common feeling of interest for the stability of our institutions and good fellowship would be cherished, and we should be known as model physicians, at peace among ourselves and all the world besides.

Popular Anatomical Lectures.—Boston is bountifully supplied with lecturers on manakin anatomy, just at this period. Crowds are collected together for the purpose of learning the elements of their own organization, and to hear the wonderful story of the laws that govern their existence. Some rivalry is manifested in this extensive business of teaching the multitude, by comers from different parts of the compass—all eager to pocket the ninepence, the customary fee for explaining the whole mystery of manhood. A large part of the heterogeneous audiences in attendance on these marvellous exhibitions of model men and *papier maché* females, are influenced, it is presumed, quite as much by a vulgar curiosity to see what is not to be seen, as by a laudable desire for knowledge. As all things finally have an end, it is fair to conclude that this new branch of business will by-and-by be brought to a close, when its patrons will perhaps find that they have paid for more sound than substance.

Pennsylvania Hospital for the Insane.—Few public reports will be read with more satisfaction than Dr. Kirkbride's, of the state of the institution over which he presides with distinguished ability. The capacity of the establishment is adequate to the accommodation of 200 patients, although a larger number have been admitted. A steady demand for admission renders additional conveniences necessary, which will undoubtedly be seasonably provided. During the past year, 120 were discharged cured; 23 much improved; 24 improved; 19 remained stationary; and 17 died. Dr. Kirkbride complains of the premature removal of patients—an evil which is deplored by superintendents of other retreats for lunatics, and hence it becomes a subject of surprise with intelligent people, why the managers allow it to be continued. The medical adviser is competent to

determine whether the prospect of a recovery is good or not, and friends should be influenced by his decision, without a sole reference to their own yearnings of affection and consequently distorted judgment. The tabular statements are quite elaborate, and too numerous to be particularly alluded to in the Journal. They are the minute records to which those particularly devoted to the study of lunacy will resort with peculiar interest. No organization could be more conducive to the daily comfort of the insane, than exists in this hospital. The workshop for those having constructive faculties, detached cottages for a certain order of patients, a museum and reading room, an annual course of lectures on different departments of science, the character of teachers and companions, the mental treatment, in combination with a multitude of appliances for bettering the condition of the unfortunate inmates, are highly creditable to the Commonwealth of Pennsylvania, to the city in which the charity is located, to the active benevolence of the board of managers, and to the indefatigable physician whose life is given to the service of his reason-bereft fellow beings. The table of expenditures and receipts exhibits a healthful state of the finances, and an economical administration of the affairs of the establishment.

University of Maryland.—Although so near the great medical centre, Philadelphia, the medical department of the University of Maryland, at Baltimore, is exceedingly prosperous, judging from the number of students on the catalogue, 190, which is a large class. In March last, at the close of the term, 63 gentlemen were admitted to the degree of Doctor in Medicine. No efforts are wanting, on the part of the faculty, to make the school a most excellent one in every respect. It is the fourth in point of age in the Union, and inferior to no one in respect to energy, enterprise and disposition to promote the welfare of students. Dr. Smith, the professor of surgery, is a man of extensive renown—both as a successful teacher and adroit operator.

Cryptogamous Origin of Malarious and Epidemic Fevers.—This is an ingenious and learned series of six lectures on the cryptogamous origin of certain fevers, by J. K. Mitchell, M.D., professor of practical medicine in the Jefferson Medical College. It is published at the solicitation of the students, by Messrs. Lea & Blanchard. If the Philadelphia faculty continue to be as industrious as they have been for the last few years, they will become as celebrated and prolific as authors, as the city they inhabit is for schools of medicine. We should like to see a review of this by Dr. Caldwell, of Kentucky; Dr. Bartlett, of Lexington; Dr. Payne, of New York, or Dr. Ware, of Boston. It is really worthy of the profound attention of a very profound teacher of theory and practice.

"*Diseases of Advanced Life.*"—A more satisfactory and truly rational train of excellent suggestions have not been ushered into being for a long time, than are contained in this work. The idea of making old age comfortable is praiseworthy, accompanied, as it is, by those philanthropic feelings which ennoble humanity. Geo. E. Day, M.D., of London, is the writer. He seems to have investigated, with special care, the phases of

approaching age, and studied the physical phenomena peculiar to the down hill of life. Each disease that fastens upon man, as the sands are running out, is judiciously considered, and appropriate remedies for alleviating, if not curing, are prescribed. It cannot be understood without being perused. We are gratified that Messrs. Lea & Blanchard considered it for their interest to re-publish this medical novelty—trusting that others will also profit by the enterprise. Ticknor & Co. have it.

Obstetrics—the Art and the Science.—Messrs. Lea & Blanchard have published a noble octavo of 685 pages, illustrated with 120 cuts, with the above title, by Charles D. Meigs. M.D., of Philadelphia, whose reputation as a writer on obstetrics is not eclipsed by any other in America. His style is bold, independent, and so perfectly conversational that the reader almost fancies that the author is standing at his elbow. The dedication to the celebrated Dr. Drake, the Louisville professor, is one of the excellent things in the book, which eminently exhibits the character of Dr. Meigs's mind. Reserving further remarks for another occasion. it is only necessary to acknowledge the safe arrival of the work at Ticknor & Co.'s, where copies are on sale.

Braithwaite's Retrospect.—Part 18. of the uniform American edition, was promptly distributed last week, by Mr. Wiley, No. 20 State street, the Boston agent. It maintains the reputation which has been accorded to it from the commencement. For 75 cents the purchaser is furnished with a digest of all the medical journals of Great Britain. He has a volume, at this price, every six months, that contains a retrospective view of every discovery and practical improvement in the medical sciences.

Fistula Infirmary.—An extraordinary amount of business appears to have been transacted in this institution—one of the benevolent affairs of London. Here follows some account of a late anniversary.

The Lord Mayor, in proposing "prosperity to the Hospital," said that this was the 12th year of its foundation, and it has been since that time gradually increasing in efficiency. During the past year, however, he was sorry to observe that many of the most zealous contributors had been carried off by the prevailing epidemic, and the funds of the insitution had suffered a proportionate decrease. The proceeds of the present year, however, were about equal. or at all events not inferior to former years; and this, considering the severe pressure of the times, was a matter for very sincere congratulation. The claims which this charity had upon the public were very great—claims which it was only necessary the public should recognize in order to enable the hospital to enlarge its sphere of usefulness. But, since the foundation of the infirmary, no less than 5000 patients had been treated; and of that number not less than 1500 had undergone operations. During the last year there were 500 cases admitted, and half had been discharged cured. These were striking facts, which fully demonstrated the necessity of maintaining to the utmost extent the original objects and designs of the charity Means of relief are thus opened to the poor for escaping from a malady, not only serious in itself, but from one which induces other disorders, engendering the most serious consequences to the individual.

Dr. Lallemand in Egypt.—Dr. Lallemand has met with a very flattering reception in Egypt. That gentleman had been summoned thither to attend Ibrahim Pacha in his last illness, but the viceroy was dead when Dr. Lellemand landed in the country. The latter was conveyed from Alexandria to Cairo by a government steamer, by order of Ibrahim's brother, and offered apartments in the palace; which honor the doctor, however, declined, in order to be more unshackled in his movements. The whole of the medical body, headed by Clot-Bey, went to congratulate him; and he received the same compliment from the polytechnic and law schools. The new viceroy gave Dr. L. an audience; and a steamer was placed at his command to proceed to Upper Egypt.—*Lon. Lancet.*

Medical Miscellany.—Died at Hollis, N. H., the Hon. Timothy Farrar, aged 101 years, 7 months and 10 days.—Dr. Charles T. Jackson, of Boston; Bonpland, the naturalist; Dr. Patissier, of the Academy of Medicine; and Dr. Roulin, of Paris, have been made Knights of the Legion of Honor. —Dr. Thomas B. Nalle goes out surgeon of the U. S. Frigate Savannah, bound from Boston to the Pacific, and Drs. G. R. B. Horner and R. F. Mason assistant surgeons.—Mrs. Wright is lecturing in Boston to the ladies, on anatomy and physiology, with splendid models and illustrations. Miss Hunt is also lecturing to the poor, gratuitously, on the same subject. —A new discovery has been made in regard to the treatment of tape-worm, of much importance, an account of which is anticipated from the pen of a Boston physician shortly, for this Journal.—An important trial is soon coming on before the Supreme Court of Massachusetts—a man having sued the Boston & Worcester Railroad Corporation, on account of an injury to his wife while in the cars, which caused her death. The medical testimony will be of practical value regarding the phases of lumbar abscess.—Rabid dogs are still the terror of the people in various parts of New England.—Several excellent medical works are in press at Philadelphia, which may be expected in this market as soon as published.—Rumor says that Dr. Daniel Drake has resigned his chair in the Louisville, Ky., Medical School.—George Linnett died on the 6th of January, at Brighton, N. S., at the advanced age of 120—the sole survivor, for years, of the army of the celebrated Gen. Wolf, at the siege of Quebec.—A man who has been confined for 40 years in the poor-house at Newton, a raving maniac, has been suddenly and completely restored to reason. He appears like one awakened from a long sleep, remembering distinctly what took place before he became insane, but recollecting nothing of the longer period during which his reason has been dethroned.

To Correspondents.—The following papers have been received:—Use of Anæsthetic Agents at Bellevue Hospital, New York; Case of Uterine Hæmorrhage; Sketch of Dr. Edwards, of Ohio; the Medical Society of Connecticut.

Died,—In Oldtown, Me., Dr. John Temple.

Report of Deaths in Boston—for the week ending March 3d, 93.—Males, 50—females, 43.—Of consumption, 9—typhus fever, 2—scarlet fever, 10—brain fever, 1—lung fever, 8—pleurisy fever, 2—slow fever, 1—measles, 19—teething, 1—infantile, 6—inflammation of the bowels, 3—inflammation of the lungs, 3—disease of liver, 3—disease of the heart, 1—disease of bladder, 1—disease of the lungs, 1—disease of the brain, 2—dropsy, 3—dropsy on the brain, 2—pleurisy, 1—erysipelas, 1—convulsions, 1—old age, 2—croup, 2—rupture of blood-vessel, 1—marasmus, 2—starvation, 1—child-bed, 1—chicken pox, 1—cancer, 1—unknown, 1.

Under 5 years, 48—between 5 and 20 years, 14—between 20 and 40 years, 11—between 40 and 60 years, 9—over 60 years, 8.

Case of Lithotomy: 117 Calculi, weighing 4½ ounces, successfully removed. By Paul F. Eve, M.D., Prof. of Surgery in the Medical College of Georgia.—Mr. O'Bannon, in 1824, then aged 18, received a fall, by which his back was injured, and a difficulty in urinating produced, which has continued to increase. For the past two years, in order to pass urine at all, he had to assume the horizontal position, and push up the bladder with his fingers in the rectum. When sitting on the edge of a chair, a sensation was felt as of crushing a ball of snow in the perineum. On the 6th of last January the following operation was performed, chloroform being first administered. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra, and the double lithotome, conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithotomy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of 24 years and 4 months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

On analyzing the calculi, the presence of phosphate of lime, almost pure, was revealed. The chemical elements were 3 atoms of phosphoric acid, 8 of lime, and 1 of basic water. The whole number of calculi extracted was 117, of which the largest weighed ʒ ij. and 38 grs.; the two next in size, each 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of ʒ ivss.

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together and to remain perfectly quiet. He took 40 drops of laudanum the night after the operation, and his diet was restricted to cold lemonade flaxseed tea. He passed a pretty good night. Next morning, some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea and an orange. Nothing but castile soap and warm water, several times daily, was afterwards applied to the wound.

On the 24th of January, i. e., the 18th day after he was disembarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation, a special messenger reports him entirely well.—*Abridged from the Southern Med. & Surg. Journal.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XL. Wednesday, March 14, 1849. No. 6.

NEW YORK STATE MEDICAL CONVENTION AND SMALLPOX.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I had the good fortune to be in Albany during the first week in February inst., while the State Medical Convention were holding their session in the city; and, being generally confined to Saratoga during the winter, by ill health, I gladly improved every opportunity I could spare from other business to engage in transactions, and listen to discussions, so instructive. I was agreeably surprised to find a considerable number of honorary members, but after receiving the cordial welcome and kind treatment of the Society, myself as an honorary member, I ceased to wonder that they were there. If I understand correctly, the convention is composed of *one* member from each county, and a few permanent members, which renders it an exceedingly select body. I shall not stop to inquire whether the delegation of two or three members from each county would not stimulate the individuals of the county societies to higher attainments, but shall express my strong assurance to as many of your readers as practise in this State, that, if they *deserve* a cordial treatment and a fraternal interchange of opinions, they will meet them there, and be made at home at once. Men who have assumed the solemn charge of standing between the patient and the grave, and meeting the gratulation or frowns of the patient's friends, cannot fail to be greatly cheered and enlightened by sharing in the discussions of the meeting.

The chair was occupied by Dr. Stevens, of New York, the President of the State Society, who also delivered the annual address on the evening of the 8th, not only to the Convention, but to the members of the Legislature and the citizens.

The manner in which the subjects of debate were treated, was free and fraternal. I heard no long nor ill-natured speech. A very few arose more frequently than was their due, and might have been troubled with a *cacoethes loquendi.* Yet all was harmonious and business-like. There were three topics of particular interest: viz., the adulteration of drugs; the best method of saving the public from the pernicious evils of quackery; and the smallpox, including the whole grounds of its present widespread prevalence, as connected with vaccination, and the best means of exterminating the disease.

On the last topic, there were two or three conclusions arrived at, and facts stated, which I thought might be interesting to your readers; and this is my apology for sending an imperfect outline of the proceedings.

1st. *The intensity of the epidemic influence of smallpox.* It is very certain that the medical men of this day have never seen this disease overriding, with such violence as it now does, the barriers, not only of vaccination, but of its own previous ravages in the same constitution. A physician, whose name has unfortunately escaped me, stated that in the county alms-house of which he had charge in the interior of the State, there were five or six Irishmen, whose faces were deeply pitted from the smallpox, who had recently had the same disease severely. Several other facts precisely similar, and of unmistakable proof, were adduced, showing that we must cautiously consider the intensity of the smallpox influence—contagion—power—epidemic constitution—before we throw away our old friend vaccination. If there are localities where smallpox undeniably overrides smallpox, and frequently, what can we expect from our little handmaid, vaccinia? She has proved a noble servant and defence; and, though she has of late failed in many instances to bar out the monster, smallpox, she has done much to mollify the roughness of his attack.

But, 2d, There were abundant proofs that *the vaccine disease cannot be depended on,* AT PRESENT, *as a defence.* The varioloid, taken more often than otherwise without the least suspicion whence it came, is everywhere. We have had it six times in Saratoga during the last year. A few weeks since, I was in a family in the east part of the village, where the varioloid had gone lightly through five successive portions of the family and connections. All the children but one had just gone through the cowpox successfully, and the whole, parents and children, who were thus protected, were affected by the varioloid precisely as they were wont to be fifteen years ago, when there was no epidemic smallpox. They were scarcely confined to their beds at all. The child which could not be vaccinated had the regular smallpox very severely.

But it is plain that varioloid is not only vastly more prevalent, but more severe, than usual. Dr. Brigham, of Utica, lost a patient in his institution, by varioloid, whose father was a physician, and who, feeling his accustomed reliance on kine pock, could hardly be aroused by Dr. Brigham to a conviction of his daughter's danger. There are deaths enough occurring after indisputable cowpox, to appease the murmurs and queries of friends who may lose relatives by varioloid, and impugn the skill or faithfulness of their family physician. In dismissing this subject of the supposed degeneracy of the vaccine disease as a preventive of smallpox, I would add, that one of the members, a gentleman past middle life, had been practising, say thirty years, with the usual protection of vaccinia, occasionally re-vaccinating himself, until last year, when his vaccination resulted in a genuine and natural cowpox pustule, with the genuine symptoms of the disease. This was more surprising to him, as he had carefully inoculated himself, after his first vaccination, with the matter of smallpox. Several physicians had never seen re-vaccination result in a pustule; but it appears to be now quite common,

and I have myself seen several cases of successful re-vaccination of late. The conversation on this point evidently produced an impression on the convention, that if the physician above mentioned had been called to visit a case of varioloid or smallpox, at the time of his vaccination, he would have found this long-trusted defence, vaccination, to have failed him.

This leads me to my only remaining topic; *that* AS YET *vaccination continues to be the best preventive of varioloid and smallpox, and to be, moreover, of increased necessity during the continuance of this "constitution."* This whole subject was assigned to a committee, to report next year, through their chairman, Dr. Clark, of New York. This gentleman came to the convention thoroughly prepared for this branch of their investigation, and imparted valuable information. A thorough discussion may be expected at his hands. In the mean time, if this epidemy of smallpox does not suddenly terminate, many an anxious practitioner will be asked to protect his families from the dreaded and even fatal varioloid. Nay, he will have to protect himself. What can he do? For myself, I have never doubted the complete immunity from smallpox, resulting from a pustule produced in my arm in 1815. I have, without hesitation, encountered the contagion of variola, on all occasions, and without evil. There were others there in the same condition. But it was quite apparent that they were shaken; and, although we have re-vaccinated ourselves hitherto as a ceremony, I freely acknowledge I shall be guarded, hereafter, with much more care by re-vaccination.

There are two things before the rational inquirer. Either the power of the vaccination is diminished, or the sensibility to the variolous poison is wonderfully augmented—or both. "Don't you think, doctor, that the kine pock has nearly worn out by passing through so many constitutions?" "Why don't you, doctors, resort to the cow, and have as good matter as Jenner did?" We *have* resorted to the cow, and even to the horse's heel; and we could do this much more frequently had not vaccination so diminished smallpox as to defend our animals from its contagion. Is it in the nature of things, if this virus, newly acquired from the cow by inserting smallpox matter under her cuticle, protected the human race as absolutely as in the days of Jenner, that it would not be eagerly sought and widely disseminated?

But, what other contagious disease loses its power by transmission? Does hooping cough, or measles? The venereal disease has been continued for centuries, by inserting a specific virus *under the cuticle*; and, if the treatment were as unskilful as a century since, would its pernicious effects on the constitution be one jot abated? Analogy seems, therefore, to bring but little support to the assertion that the vaccine virus has degenerated. Nor would a careful watching of the progress of the pustule, as contrasted with its progress thirty-five years ago, lead to any different opinion. Nevertheless, as it cannot be demonstrated that there *is* such a vastly-increased impressibility by the smallpox, the profession seem called upon most loudly to endeavor, by every means, to obtain, either from the horse or cow, a newly-constituted virus which may resist *all* constitutions of the atmosphere and render us safe henceforward.

Re-vaccination, then, *as yet*, contains all our means for securing ourselves and friends. But the facts developed that day, demand much more frequent repetition of the process. If I did not misunderstand Dr. Brigham, he had insane patients who took vaccination over and over, and that something like twenty had taken it several times. When the susceptibility to the vaccine virus ceased, he thought he had established a complete immunity from smallpox. Other statements pointed in the same direction; and from the certainty that re-vaccination is vastly more easily effected than formerly, it seems the imperative duty of every honest and faithful practitioner, at least while this epidemic susceptibility remains, to redouble his diligence in re-vaccinating his patients.

Saratoga Springs, Feb. 26, 1849. I remain truly yours,

M. L. North.

CASE OF UTERINE HEMORRHAGE—PLACENTA PRÆVIA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The following case has been to me one of deep interest, and is thought by some, to whom I have communicated the facts, to be worthy of publication. If you should so consider it, it is at your disposal. Joseph B. Walker.

East Stoughton, March, 1849.

August 10th, 9 o'clock, A. M., I was requested to visit Mrs. A., who was considered by her friends very dangerously ill from uterine hemorrhage. It was near the close of the seventh month of her first pregnancy. She was a lady of a healthy constitution, 19 years of age, and to appearance tolerably exempt from hereditary predisposition to disease. It appeared she had received a sudden fright about a month preceding this time, from the explosion of a rock within a few yards of the house in which she was sitting, of which she had not been previously apprised. Whether this had any important influence upon the case, I shall not here attempt to decide. From this time, however, there had been almost constantly a slight hemorrhage from the uterus, though it had not seemed to excite much alarm or attention from the patient or her friends until the morning alluded to. At this time, upon a little extra exertion, there was a sudden and copious discharge of blood from the womb, attended with uterine pains. On learning the facts necessary to be known, I prescribed the most perfect quiet, in the horizontal position, with the head and shoulders low, brandy and water, cloths wet with iced water and vinegar to the vulva, and, as soon as she had rallied a little from the syncope then existing, a powder of opii, sacchar. saturni, āā gr. j., to be repeated in an hour if hemorrhage continue. She soon recovered her usual health, and in a day or two felt as well as before this attack. Feeling well satisfied myself of the nature of the difficulty, I here stated it to the husband and friends, and represented it as one attended with imminent danger to both mother and infant, and calling for the most prompt attention on the part of the physician and attendants

whenever labor commenced or interference should become necessary. With the exception of a slight return of the hemorrhage at times, her health remained good until October 3d, 2 o'clock, A. M., when I was again requested to see her. I found her lying in a pool of blood, with several thicknesses of clothing about her completely saturated with the same fluid. She was faint, the pulse was scarcely perceptible at the wrist, there was frequent yawning and sighing, and a deathly paleness of the countenance. At this time the os uteri was found dilated a very little, yet hard and unyielding, so that—though not without much difficulty—I succeeded in ascertaining the exact situation of the placenta. It was found with one edge completely covering the mouth of the womb, its body laying to the right and inclining to the sacro-iliac symphysis of that side. I did not consider myself justified, under all the circumstances, in making a forcible entrance of the hand within the cavity of the womb for the purpose of turning. From the best information I was able to obtain, I was led to believe the child had been dead several hours before my arrival. I accordingly prescribed perfect quiet, with the head low, brandy, chicken broth, elixir vitriol, &c., as circumstances might require.

3 o'clock, P. M.—There has been improvement in appearance. Pulse stronger and more regular. Hemorrhage slight. Pains continue, though weak and at longer intervals. Continue treatment. 10 o'clock, P. M.—More hemorrhage than at last visit. Os uteri in much the same condition as twelve hours previous. Continue treatment, with the addition of powder of opii, sacchar. saturni, āā gr. j., to be repeated if hemorrhage continues.

Oct. 4th, 7 o'clock, A. M.—Patient has slept some. Pains continue, though weak. Hemorrhage slight. Os uteri dilated so as to admit two fingers. As the dilatation and softening of this organ had progressed for the better during the night, I thought it more proper to defer any operation, but continue treatment as circumstances might require till afternoon, when the state of the os uteri might be such as to admit of the prudent use of ergot.

1 o'clock, P. M.—Summoned in haste by the husband of my patient, who supposed her dying. Alarming prostration. Bed and clothing about drenched in blood. I immediately administered a large dose of ergot in infusion, and proceeded to turn and deliver. The os uteri was dilated to about the size of a half-dollar piece. Having my right hand well oiled, I inserted two fingers, gradually a third, and so on, pushing away the placenta until I grasped the feet and slowly delivered the child (a male), which had been dead from thirty-six to forty-eight hours. The placenta was taken without difficulty, and a good contraction of the uterus succeeded, so that the hemorrhage ceased. But nature had been tasked to her utmost. For more than fourteen hours I was by the side of my patient without intermission, and during a large portion of that time hardly doubting every breath she drew would be her last.

I cannot here refrain from expressing my unshaken confidence in the secale cornutum under circumstances like these. For me to have administered it earlier in this case, while the cervix and os uteri were rigid

and undilatable without the exercise of great force, would have endangered a laceration of the womb. "To everything there is a season, and a time to every purpose under the heaven," and it was evident to me that the proper time, and the only proper time for the use of this drug, in this case, had then arrived. I think the ergot should always be in readiness in these cases, and administered as early as the state of the parts will admit of it.

Under the cautious and continued use of hot brandy and water, ammonia, wine, broths, bottles of hot water under the axilla and to the feet, &c., the patient gradually revived, to the no small gratification, and even astonishment, of her friends and others who saw her at that time. She was put upon a light and nutritious diet, tonics—as sulph. quinine, elixir vitriol, the preparations of iron, barks and wine, &c., which were administered as liberally as she would bear. Her convalescence has been gradual, yet uninterrupted, and her health is now fully restored to its wonted vigor.

THE MEDICAL SOCIETY OF CONNECTICUT.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The question of amending the plan of organization of the Medical Society of Connecticut, having been agitated to some extent by the physicians of the State, and much interest being felt in the subject by many of them at the present time, I respectfully ask a place in your Journal, which has a large circulation among us, for a few facts and remarks relating to it.

The change or amendment referred to, is this:—that the tax annually paid by members of the Society be appropriated to the publication of a volume each year, in some department of practical medicine or surgery, under the direction of a committee appointed for that purpose, equivalent in value to the tax imposed, and that a copy of it be placed in the hands of each tax-paying member; the fellows paying the expenses incident to their attendance upon convention. The desire for this modification, which has now become strong and earnest in many parts of the State, originated in the conviction of members that they were receiving nothing of appreciable value for the taxes which they were annually called upon to pay, nor any indirect benefits commensurate with those which a State organization, suitably constructed, ought to afford.

It is known to all that the money raised is expended, first, in the payment of the debentures of those who receive the appointment of fellows; and, second, in furnishing to each member of the Society a copy of the proceedings, together with the annual address, the whole making a pamphlet of from thirty-five to fifty pages. These may be regarded by some as entitled to the appellation of benefits; we will not, however, dispute about names, but permit every one to place upon them the estimate which in his opinion they deserve. No legal privileges are extended to its members, who stand, in the eye of the law, on the same level with irregulars of whatever name, and in public estimation enjoy no pre-emi-

nence by virtue of membership. Let us next proceed to show how the appointments above referred to—which constitute the only return which can be claimed by any one as the reward of membership—have been distributed during the last nineteen years.

In Hartford County, between 1828 and 1847, inclusive, the names of 177 physicians appear upon our records. Of these, one attended the State convention 6 times, one 5 times, two 4 times each, five 3 times each, thirteen twice each, forty-three once each. Total, 65.

In New Haven County, the names of 150 physicians appear for the same period. Of these, four attended convention 6 times each, four 5 times each, one 4 times, six 3 times each, nine twice each, twenty-one once each. Total, 45.

In New London County, the names of 110 physicians appear for the like period. Of these, one attended State convention 10 times, three 7 times each, one 6 times, one 5 times, four 4 times each, six 3 times each, five twice each, eighteen once each. Total, 39.

In Fairfield County, the names of 88 physicians appear for the same period. Of these, one attended convention 14 times, two 8 times each, one 7 times, one 6 times, four 5 times each, four 3 times, ten 3 times each, ten once each. Total, 34.

In Windham County, the names of 96 physicians appear for the same period. Of these, one attended State convention 7 times, one 6 times, one 5 times, eight 4 times each, six 3 times each, ten twice each, fifteen once each. Total, 42.

In Litchfield County, the names of 158 physicians appear for the same period. Of these, three have attended State convention 7 times each, three 6 times each, three 4 times each, five 3 times each, six twice each, twenty-six once each. Total, 46.

In Middlesex County, the names of 53 physicians appear. Of these, three have attended State convention 5 times each, two 5 times, four 3 times each, six twice each, fourteen once each. Total, 29.

In Tolland County, the names of 52 physicians appear. Of these, three attended State convention 6 times each, one 5 times, one 4 times, four 3 times each, eight twice each, seven once each. Total, 24.

By examining the above, it will be found that the number of physicians who have practised in the State, and whose names appear upon our published Proceedings during the period specified, is 884. Of these, 154, or 1 in 6 nearly, have received the honor of an appointment as fellows once each; 67, or 1 in 12, twice each; 40, or 1 in 22, three times each; 21, or 1 in 42, four times each; showing the probability of membership for a single session to be but as 1 to 6, while the chances of obtaining the same honor four times are as 42 to 1.

We beg our brethren throughout the State to ponder upon these facts, and to ask, each for himself, by the aid which we think they afford, whether, as a Society, we are pursuing the best possible course; whether it is fair and right to tax, by the twenty years together, a very large majority of members who receive nothing in return; and whether we could not furnish to every member an ample equivalent for his money and all other inconveniences attending an efficient organization—and that, too,

without imposing upon any one a burthen which would be felt—by engrafting upon our existing plan the modification proposed? *Let every member*, wherever his residence may be, whether in the more central portions of the State, where books and periodicals may be readily obtained, both by individuals and associations, or in the more remote sections, where neither can be procured but with increased trouble and expense, inquire further, if it be possible for him to suffer in any considerable degree by the success of our plan; and if not, how it can prove in any respect injurious to our county or State societies. I say suffer, though it may seem a harsh term for the use to which I must here apply it—the only possible mode by which a member may be made to suffer by the adoption of our plan, resulting from his being appointed a fellow; and of escaping this, altogether, as we have shown, his chance is as 6 to 1, and more than 40 to 1 against his receiving the appointment upwards of 4 times during his whole life.

It is believed by some highly-respectable members of the Society that it is now prosperous beyond any similar one; that it is a model of its kind, and worthy of our entire confidence and support. To certain fundamental features of our existing organization, no objection has been made by any one; but that it is deemed perfect, securing the cordial support of its members, let the following fact testify. It will speak for itself to all our members, and particularly to those who have served in the capacity of county clerks, to whom the business of tax gatherers in the several counties is committed. The average annual receipts of the Society for five years, commencing with 1843, was $296,46; the number of taxable members, during the whole period, being upwards of 350, and the annual tax $1,50 each.

One other topic it is but just that I briefly consider. It is said that the change proposed is disorganizing in its character—that its effect will be to diminish the number of fellows from distant counties, while those that are nearer will be likely to attend; in consequence of which, the existing ratio of representation will virtually cease, and a central power spring up which will control the affairs of the Society. This, however, is but an opinion, and we may with propriety set it against an opposite opinion equally worthy of belief. The members from this County are as true friends of the Society as those of any other, and would not intentionally do anything which they did not believe would advance its interests. They are, I believe, unanimously in favor of the change proposed. If there is a dissenter he is unknown to the writer of this article. They cordially approve it, because they perceive that by means of it, each tax-paying member of the Society will receive annually in return for his money not only a certain equivalent, but that which can scarcely fail to make him a wiser, and consequently a more useful physician; bind him closer to the Society by the bond of an enlarged interest in it, and through its silent yet potent and prevailing influence, gradually yet surely elevate the character and standing of the profession in fact, as well as in public estimation, throughout the State; and all this, as I have shown, and as any one may learn by reference to the facts which this article contains, without imposing upon a single individual a burthen

worthy of the name. They see nothing disorganizing in a measure which promises so much palpable good at so cheap a rate; which increases much the inducements of such as are already members, to remain so, and offers a tangible and truly valuable reward to those young physicians who are every year establishing themselves among us, and from whom, if at all, our ranks are to be replenished. If we are right in our opinion, and our brethren concur with us, it becomes every member to make it a personal concern to attend the County meetings which are to be holden early in April, and see that the fellows are instructed in regard to this subject, and prepared to act definitely upon it.

Hartford County, March 1st, 1849.

USE OF CHLOROFORM IN ECLAMPSIA.

[The following cases occurred in the lying-in wards of Bellevue Hospital, New York, and are reported for the Journal by Dr. Henry G. Cox, senior assistant in that Hospital. It is believed that etherization in eclampsia was first successfully employed in the above-named institution. A case by Dr. Metcalf, one of the visiting physicians, occurred in January, 1848, and is mentioned in No. 3, Vol. XXXVIII. of this Journal. This method of treating the disease has been uniformly and successfully adopted there, by Dr. Reese and his assistants, since that time.]

Mary A. Thompson, æt. 28, Ireland, married, delivered 12th February, 1849, after a regular labor, of 13 hours' duration, at 12 M., of a healthy girl. This is her second child. She had her first some six years ago, which was after a regular easy labor. Nothing untoward occurred at that time. Six, P. M.—Patient has been very restless, and complains much of after-pains; thinks she will not recover. Gave pulv. Doveri to quiet irritation and induce sleep. Ten, P. M.—Is still uneasy. Complains of after-pains; and as her bowels have not been opened, I gave her hydrarg. submur. gr. x., pulv. opii gr. i. Twelve.—Patient is more quiet—sleeps slightly.

13th.—Eight, A. M. Patient is still in a desponding mood as to her condition. Complains of pain in head and in her bowels. Ordered a full stimulating enema to be given her; after which, her bowels were freely evacuated. Pulse 75, and full—countenance disturbed. Eleven, A. M.—Was suddenly summoned to patient. Found her suffering from genuine eclampsia; face livid and distorted; muscles rigid; pupils first contracted, and afterwards dilated—unaffected then by the light; respiration labored; pulse 70, full and hard; jactitation of body, with moaning. I immediately bound up her right arm, and bled her from a large orifice, while recumbent, ℥xxiv. Poured water from a height on her head, and applied counter-irritation by sinapisms to extremities, when she revived, and the convulsions ceased. She then appeared rational. Pulse had risen to 100, and was less full. Had the wet bedclothes removed, and continued the cold applications to head, with the previous treatment to extremities.

In 20 minutes the paroxysms recurred with redoubled and fearful vio-

lence. Respiration more labored and slow than before. Assisted by Dr. Fassitt, I re-opened the vein and bled her ℥ xviij., and gave a stimulating enema; when the pulse (which had risen to 120) was fast becoming feeble; countenance blanched, and the convulsions still recurring at intervals of four or five minutes, I decided to give her, by inhalation, chloroform and ether, āā by weight, when in a few seconds she came under the influence of the remedy; the force of the pulse was diminished, and the attack passed off. The paroxysms again recurring, the towel with the chloroform and ether was re-applied, and she immediately became composed and breathed naturally. Dr. Reese having returned to the hospital, was immediately summoned, when he approved of the treatment and directed its continuance. Patient was under the influence of the chloroform for one hour, during which time the violent symptoms recurred, or were in the act of recurring, five times at short intervals; but after the second paroxysm they were easily overcome, and at the end of the hour she sunk into a quiet slumber. One and a half o'clock.—Pupil is affected by the light; pulse feeble, 130; patient still sleeping quietly. Two and a half, P. M.—Found it necessary to stimulate her, as pulse is more feeble, and increases in frequency. Eight, P. M.—Patient has slept quietly at intervals for more than two hours. Ten, P. M.—Being somewhat uneasy, gave tr. opii, gtt. xxx.

Feb. 14th.—Patient slept well, and is comfortable.

15th.—Slept quietly last night; is quite rational; takes milk punch and good diet, and has had no recurrence of convulsions since she first came fully under the influence of the chloroform and ether.

Caroline Sunie, æt. 21, New York (primipara), was taken with labor-pains Tuesday morning, February 6th, about 6, A. M., which were not very severe until the evening. Six, P. M.—Patient now is becoming restless; complains much of pain in her back; os uteri slightly dilated. Nine o'clock.—Pains constant and prostrating; pulse 75; dilatation progressing very slowly; and as patient says she did not sleep last night, and is much exhausted, gave pulv. Dov. gr. xv., hoping to induce sleep. Nine and a half, P. M.—Patient is still very restless, and complains much of her pains. No disposition to sleep. Gave tr. opii, gtt. xiv. Ten and a half.—Does not sleep. Concluded to give her, by inhalation, a mixture of chloroform and ether, which produced almost immediate relief. The uterine contractions continued, but patient was unconscious of the pain. The inhalation of the remedy was not carried to a point to induce sleep, but simply relief from the pains. In a few minutes after each application, however, she sunk into a quiet slumber, which lasted from a quarter to a half hour, when the pain would arouse her, but on a re-application of the towel, she would immediately experience relief. This was continued until 4, A. M., the following morning. Pulse was unaffected by it. After the first drachm had been used, it became more frequent, and then returned to its previous condition.

Feb. 7th, 8 A. M.—Os uteri continued to dilate during the administration of the chloroform and ether; but as patient does not complain as much as she did last night, discontinued the use of the anæsthetic agent. One, P. M.—Pains becoming again severe, and patient crying out much,

I again commenced its administration, exhibiting it until the pains ceased to affect her materially, but not to produce sleep, although she again slept as last night at intervals. Os uteri dilated about the size of a fifty-cent piece. Five, P. M.—Have again suspended the use of the chloroform to observe if the pains are more effectual without it, but do not find that they are. Six o'clock.—Resumed it. Os is well dilated; but as the pains are very inefficient, I gave ℥ ss. tr. secal. cornut. Eight, P. M. —The labor is progressing very favorably; pains are of a more expulsive character. and although patient is quite conscious, she seems to be insensible to the pains in a great degree. The head at this time passing through the soft parts, she does not exhibit any of the symptoms of severe suffering always evident at this juncture, and after the termination of the labor expressed herself as having felt little or but slight pain. She gave birth to a fine healthy boy. In half an hour the secundines were expelled, and the uterus contracted well.

More than ℥ ij. of the mixture of equal parts by weight of chloroform and ether were used in this case. The only abnormal condition of the patient during the whole period (which was at least six hours) that she was under the influence of the remedy, was, that for a few minutes she would speak idly of events that had transpired at a previous time, but which lasted only a few minutes. She asked ardently for it throughout, after its first exhibition; complained of no pain whatever, in head or elsewhere, but earnestly begged, when she felt the approach of uterine pain, that it might be given.

After the labor had ended, she complained of a light and dizzy feeling in her head, as if the room were turning, but she soon relapsed into a quiet slumber, which lasted for an hour. I then gave an anodyne, after which she slept quietly until the morning, and awoke refreshed.

8th, 7½ A. M.—Patient is as comfortable as usual; skin moist; pulse 90; tongue soft; no pain in head; feels slightly sick at her stomach, which is relieved by lime-water.

HON. T. O. EDWARDS, M.D, OF OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

If one member of Congress more than another deserves a commendable notice, as he retires from his seat in the House of Representatives of the United States, that man is the gentleman whose name heads this article.

Dr. Edwards retires from the halls of Congress to resume the practice of his arduous profession, which he left with great reluctance, and to benefit which he has devoted a great portion of time and no ordinary talents. Most of your readers are well aware that Dr. Edwards brought forward and carried through Congress, "An Act to prevent the Importation of adulterated and spurious Drugs and Medicines;" but none of them can fully realize the benefits that must arise from it, unless he be a physician practising in the western or southern portions of our Union. Our nation had in fact become the receptacle for the adulterated and de-

teriorated drugs, medicines, chemicals, and other medicinal preparations, of all nations, when Dr. Edwards brought forward what is now the Drug Law. The passage of that law is the beginning of a reformation in the quality of our medicines and medicinal preparations. A better man could not well have been found in the ranks of the profession for this purpose. Fearless, independent and just, in the discharge of his duty, he was one of the too few members of Congress who might always be found at his post. He has raised the outer bulwarks of our defences; it now remains for the profession, and all others who feel an interest in the subject, to cause laws to be enacted by each State, prohibiting *the sale* of adulterated and spurious medicines and medicinal preparations. During the greater part of the month of November last, Dr. Edwards was visiting the ports of Boston, New York, Philadelphia and Baltimore, at the earnest request of the Secretary of the Treasury (although at a sacrifice of pecuniary profit and personal comforts), for the purpose of examination, and to inquire whether the Drug Law was properly carried into effect. His able report upon this subject was laid before Congress by the Secretary of the Treasury on the 22d of January last. He found that the instructions of the Treasury Department had been fully carried out by the examiners at the various ports, whom he found to be "good selections, diligent, faithful and capable;" and after conversing "with a number of the importers of drugs in the various cities, and especially New York, whence came most of the opposition," he says, "I am confident in the assertion that the early prejudices are not only rapidly passing away, but that all are now inclined to view the law with sentiments differing widely from those entertained at its introduction. A very limited number now advocate that freedom of trade, which gives to the designing and dishonest drug dealer power not only over the health but the lives of the community. Strongly impressed as were the friends of the bill of its ultimate success, and that an enlightened public opinion would sustain and foster it, as beneficial to the physical well-being of society, we were not prepared for so full an expression of its benefits, and miscalculated its strength of confidence in all classes of the community. I have received over six hundred letters from physicians, in all parts of the Union, commending in the highest terms the action of Congress on this subject. National and State medical societies, medical professors and classes, have passed resolutions in its favor. All the Medical Journals of the United States, and numerous foreign periodicals, have published the law and the report of the committee entire."

I feel that Dr. Edwards needs no praises at my hands; his works praise him; and although his course has been short in the national councils, it has been fruitful in good works. In retiring to his profession, he retires, while yet young, full of honors—honors conferred by his professional brethren, feeling that to such as he honor is due. May his health long allow his talents to adorn his profession.

SOLA NOBILITAT VERTUS.

REPORT OF A FATAL CASE OF RHEUMATISM AND PERICARDITIS.

BY G. C. ARMSTRONG, M.D., WARE.

The following brief case of acute rheumatism shows the insidious nature of pericarditis. Samuel T———, a hay-binder, aged 42, was taken ill on the 10th of November, and I was requested to see him, being in the house at the time in attendance on his wife. He had the symptoms of a slight febrile attack, in addition to which he complained of a pain in the right pectoral region. He informed me that some short time before he had had a hurt from a ladder, but that he did not think much of it at the time. I examined the part, and although there was considerable tenderness to the touch, I could not perceive any tumor or ecchymosis. I prescribed a mercurial purgative; a mixture, containing solution of acetate of ammonia and camphor mixture in equal parts, to be taken every third hour; and a liniment to be rubbed over the seat of the injury.

November 11th.—His bowels had been freely moved, and his tongue was cleaner; skin moist; urine high colored. To repeat the mixture.

12th.—Having business in another direction, my partner visited T——, and found his right knee swollen and painful; fever increased, but no difficulty of breathing or pain in the chest; pulse 90, compressible, and without intermission; urine very much loaded. He had passed a bad night, owing to the pain of his knee. Ordered a mixture of wine of seeds of colchicum, carbonate of magnesia, tincture of hyoscyamus, and camphor mixture, to be taken every third hour, and ten grains of Dover's powder at night. The painful joint was also directed to be enveloped in wool, and covered with flannel.

13th.—The swelling has completely left his knee, and settled in the elbow-joint of the same side; he has had a bad night; in other respects as before; pulse 95, but regular. To continue the mixture and the anodyne at night.

14th.—Has had his bowels moved freely; feels rather more comfortable, and has had some sleep. The wrist and ankle of the same side have now become affected; the swelling of the elbow has subsided; pulse 95, and regular; urine very much loaded; in other respects as before. To continue the medicines.

15th.—A messenger came to say that T——— had died at 3 o'clock this morning. A change had come on for the worse about midnight; he complained of his chest, and had much difficulty of breathing and some wandering, although he was tolerably collected when spoken to.

After some difficulty, we had permission to make a *post-mortem* examination. On dissecting away the integuments and great pectoral muscle from the right side, we came upon a collection of purulent matter in the lesser pectoral muscle not communicating with the ribs or intercostal muscles. On opening the cavity of the thorax, and slitting the pericardium, we found six ounces of reddish fluid. The membrane itself was less altered in appearance than might have been expected from the quantity of fluid effused. The heart appeared healthy, but we had no

opportunity to examine further, and indeed we found quite sufficient to account for death in the pericardium, without making further search.

This case is, I think, rather interesting, from the very rapid termination of the disease after the first appreciable symptoms of pericarditis were manifested. Although acute rheumatism is frequently complicated by pericarditis, I would ask if it was likely in this case to have been influenced by the injury sustained from the ladder?—*London Lancet.*

CASE OF TRAUMATIC TETANUS.

BY D. W. BRICKELL, M.D., OF THE CHARITY HOSPITAL, NEW ORLEANS.

March 16th, 1848.—Albert Fisher, German, aged 20 years, quite robust, proprietor of a "coffee house" in the 3d Municipality, entered ward 11, Charity Hospital. Says he ran a nail into the external portion of his right foot, near the junction of the "metatarsal" and first phalangeal bones of the "little toe," about five weeks ago; that the wound caused him considerable pain at the time, but soon healed without any difficulty; that at the expiration of three weeks from the time of the reception of the injury he was seized with violent tetanic spasms, together with slight pain in the original seat of injury; that, on the following day, a physician laid open the old cicatrix, and extracted a portion of the nail which had been imbedded there during all this time; that the spasms were now somewhat mitigated, but he was confined to his bed with constant rigidity of the back, jaws, and hip-joints, together with frequent lancinating pains in the lumbar region.

In this condition I find him this morning. He complains bitterly of insomnia, begs to have something which will induce sleep, every three or four hours he has an aggravation of the symptoms amounting to almost complete "opisthotonos," appetite good, bowels in good condition, perhaps a little torpid, skin perfectly natural, countenance wearing the distressed air so peculiar to these cases; complains much of the lancinating pains in his back, says they recur every three minutes.

"Treat."—Ol. ricin. f ℥ j.; tinct. opii, gtt. xxx., every hour, after the free operation of the oil, until sleep is induced; low diet. Emplast. vesicat. to back.

17th.—Says he feels better, but is drowsy and dull; oil operated freely. Commenced taking laudanum at 12 M. yesterday, and repeated, as ordered, every hour until 12 at night, when he fell asleep and slept soundly until 6 this morning; pain in back not so intense, rigidity the same.

"Treat."—Moderate dose of magnesia and rhubarb, tinct. opii, gtt. lx., to be taken at 8, P. M. Half diet.

18th.—Not so well, slept very little last night, complains of the stupefying effects of the laudanum, pain in the back returned.

"Treat."—I now resolved to try the *internal* administration of chloroform, and ordered, accordingly, gtt. xxx. to be given at once in one ounce of mucilage, and to be repeated every two hours, with gtt. x. additional at each dose, until sleep is induced; blister, also, to be re-applied, it having taken but slight effect before.

19th.—Took four doses of chloroform, as ordered, and fell asleep about an hour after the first dose, slept soundly until 1 o'clock this morning; says he thinks he would have slept before, but for the irritation kept up by the blister; looks bright, feels much refreshed, back much relaxed, hip-joints nearly entirely so, no unpleasant result from taking the chloroform.

"Treat."—Chloroform repeated as before, beginning with gtts. lx. Half diet.

20th.—Slept several hours yesterday, and soundly all night; feels much better, rigidity almost the same.

"Treat."—Chloroform, gtts. c. at night, rhubarb and magnesia.

21st.—Had several spasms yesterday before taking the chloroform, complains much of the pain consequent, countenance more distressed, had several spasms this morning, rigidity the same.

"Treat."—Chloroform, gtts. c., to be taken at 12 M., and repeated at 4 and 8, P. M., if sleep is not induced.

22d.—Took two doses of chloroform, as directed, and slept from 4½, P. M., to 12 or 1 this morning; spasms quite frequent this morning, and amounting to almost decided "opisthotonos;" was aroused from his sleep by these spasms several times last night, much pain, is evidently growing worse.

"Treat."—Quin. sulph., grs. xxx.; tinct. opii, gtts. lx.; mucil. acac., f ℥ j. M. S. take at 10, A. M.

5, P. M.—Much better, but four or five spasms during the day, and these much mitigated, pain much relieved, countenance more cheerful, no "tinnitus aurium," or other disagreeable effect from the use of quinine.

"Treat."—Repeated the quinine, &c.

23d.—Very much improved, had but one or two slight spasms since I last saw him, scarcely any pain, slept well last night, is delighted with the remedy.

"Treat."—Same dose as before, to be taken at 10, A. M., and 3 and 9, P. M.

5, P. M.—Has taken two doses as ordered, feels better every hour, spasms scarcely perceptible, no pain, has slept well during the day, no unpleasant symptoms from quinine, feels "a little drunk."

24th.—Still improving, rigidity of back very slight, no pain, slept well all night, looks cheerful.

"Treat."—Same dose quinine at 12 M. and 8 P. M.

25th.—Marked improvement, no more spasms, no pain, rigidity very slight, slept well, looks bright, says he is nearly well.

"Treat."—Same as before.

26th.—Patient is walking about the ward, improving rapidly.

"Treat."—Same continued.

27th.—Suspended the quinine, and ordered good diet, small dose of oil.

30th.—Discharged him, *well.—N. Orleans Med. and Surg. Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 14, 1849.

Constipation.—A failure of the natural action of the bowels in the removal of their contents is a fruitful source of disease. From this arise eruptions of the skin, bad breath, dyspepsia, and a multitude of derangements. This complaint seems to be more prevalent in this country than on the other side of the Atlantic—a fact attributed by our respected fellow townsman, Dr. John C. Warren, to the superior dryness of the atmosphere. The constant occurrence of the difficulty alluded to has led him to try a great number of remedies, suggested by physicians and common experience; cold water on an empty stomach, pure coffee taken under the same circumstances, fruit, dried fruits, cold water injections; and a number of articles of the materia medica—magnesia, rhubarb, aloes, &c. All these have had a limited good effect, but have failed in a great number of instances, and could not be brought into general use.

In the year 1828, he first introduced into this place bread made of unbolted wheat flour, variously denominated as brown bread, dyspepsia bread, &c. The good effects of this article have been extended to thousands, and even, perhaps, to hundreds of thousands of persons; but it fails in many cases, owing to the patient being unable or unwilling to take a sufficient quantity.

In February, 1847, while conversing with a patient grievously troubled, it occurred to him that, as the coarse wheat bread produced its laxative effect by the action of its unassimilated portion, the bran, a coarser bran might have a greater effect and remedy the constricted state of the bowels which the bread had failed to do. He selected some of the best wheat, had it coarsely ground in a coffee mill, boiled slowly for three or four hours to the consistence of hominy, rice or hasty pudding, and found, to his great satisfaction, that this article, eaten with a little salt and butter, or cream, or brown sugar, or molasses, answered more uniformly than any other substance. Since its introduction, this has been employed by a vast number of persons in Boston, in the northern division of this country, and in many other places, with excellent effect. It is eaten at breakfast or dinner, in a quantity varying according to the constitution of the individual; but, as a general rule, from eight to twelve ounces, or two tea cups, will answer the purpose.

The principle on which this substance produces its action we do not intend to discuss here, but, as we have heard these remarks from Dr. Warren himself, we can vouch for the accuracy of the above statement; and, having made trial of the "cracked wheat," or "wheat hominy," we can testify to its valuable properties from our own experience. This preparation he does not offer as a new invention, as it has been employed for various uses; but it is remarkable that the attention of physicians and others has not been distinctly directed to it by any one, as the best dietetic remedy for costiveness. Perhaps it has been thought too common a thing to be brought before the public in a formal manner; but if it attains so very desirable an object as it is believed to do, its simplicity ought not to constitute an objection to doing so. That it does this generally, there is no

doubt, although it ought not to be considered as a panacea, adapted to cure every one, since there are persons with whom it does not agree, and to whom, therefore, its benefits are not available. The medicinal efficacy of the preparation is proportioned to its coarseness and to the shortness of the time it is boiled; but to render it palatable, it should be about as coarse as rice or hominy, and should be boiled from thirty minutes to four hours, a little salt being added at the close of boiling. Being acceptable to most persons as an article of food, it is kept for sale by the grocers of Boston.

Water injured by Copper Stop-cocks.—For a while, certain gentlemen attempted to frighten our citizens out of the notion of using lead service pipes, from the street mains, to conduct the water into their houses. That has passed away, without any one, to our knowledge, being injured by an aqueous solution of lead; but there is an evil existing in connection with the public water works, that may by-and-by produce some apprehension. We allude to the thousands of copper, or rather composition, stop-cocks, and copper connections between the great iron logs and the leaden branches. If copper, untinned, is ever prejudicial to health, the enormous surface of the article thus standing perpetually in contact with the water in the city works, must impart a destructive property to it. Those who have been at an extra expense for iron service tubes, still retaining the copper connection nuts, have gained nothing whatever.

Morbid Sensibility of the Retina.—Our neighbor, John H. Dix, M.D., an oculist of growing reputation, was the successful competitor for the Boylston Medical Prize Question of 1848—viz., "What is the nature and best mode of treatment of that affection of the eyes commonly called morbid sensibility of the retina?" Dr. Dix is not only very familiar with the diseases to which the visual organs are incident, but one of the best practical writers in New England in that department of medicine. Messrs. Ticknor & Co. have brought out the dissertation in a compact 12mo. of 140 pages, under the title—"Treatise upon the Nature and Treatment of Morbid Sensibility of the Retina, or Weakness of Sight." This complaint, here, may be said to be among the intellectual classes of society; and it is therefore the more singular that we have hitherto had so little knowledge in regard to its best treatment. There are four natural divisions in this work, embracing all that is essential for the practitioner to study in relation to the treatment of the malady in question. 1st. Symptoms and diagnosis of morbid sensibility of the retina. 2d. Location and nature. 3d. Causes. 4th. Treatment.

By this treatise we learn that females are more liable to it than the other sex; and furthermore, that soon after puberty, the adjusting power of the eyes is most liable to be deranged, occasioning a shortening of the focal distance. Occupation, recent prostrating diseases, excesses of various kinds, scrofulous habits, disordered menstruation, congestion of vessels, headache, &c., are enumerated among the causes of weakness of sight. Then, again, there are certain congenital predispositions to an irritable condition of the retina—such, for example, as the color of the iris. Those in whom it is of a dark-brown or hazel, are more susceptible of morbid sensibility than those of a lighter color. The uncommon largeness of the pupil, muscæ, inflammatory affections of the eye or its appendages,

and excessive and ill-regulated use and exposure of the eyes, are noted as prominent causes. These should not be overlooked in conducting an inquiry into the origin of the painful malady, for which this small but well-digested book proposes remedies, founded on a series of philosophical investigations.

Boston has several eminent oculists. The infirmary for the treatment of the diseases of the eye and ear has unquestionably paved the way for the distinction some of them enjoy. The successful results of Dr. Dix's practice, embodied in the present dissertation, exhibit the fruits of close application and experience. Fully recognizing this as a valuable contribution to the medical literature of the day—much needed, too, by physicians, it is recommended to them with full confidence that they will not be disappointed in the representations of the friends of Dr. Dix.

Congressional Report on the Discovery of Etherization.—A public document of 46 octavo pages—being a report of a Committee of the House of Representatives, of which Dr. Edwards, of Ohio, was Chairman—shows that it is still quite impossible to reconcile the claims of the alleged discoverers of etherization. The fact is, both parties have their strong personal friends, their hired attorneys, and being determined upon victory, the question will probably long continue to be agitated. A thousand reports will scarcely alter the condition of things, however favorable they may be to either. Both have labored incessantly, but thus far neither have received from the nations addressed by them, any substantial evidences of merit, beyond reports and honors. But "will honor set a broken leg?" Will it pay the expenses of printing, memorializing and travelling? We are assured by Dr. Jackson that another report will shortly appear, of an entirely different character from the one before us.

Meeting of the American Medical Association.—At what place will the delegates assemble in Boston? This question is frequently asked. If the Natural History Rooms, Mason street, will not answer, the Tremont Temple or the Lowell Institute are the most suitable in point of locality. Why not ask the Legislature for the use of the Representatives' Hall? Now is the time to do it—and it is certain that it would be admirable above all other places. At the close of the session a great dinner should be given in Faneuil Hall.

Philadelphia College of Medicine.—At the commencement of the Philadelphia College of Medicine, held on March 6th, 1849, the degree of Doctor of Medicine was conferred upon Rufus I. Kittredge, N. H.; Wm. J. Bowdoin, Virg.; Jno. H. Potter, N. Y.; Stephen Parsons, Geo.; Jas. E. Barker, S. C.; S. P. Benny, Md.; Dwight Ruggles, Mass.; L. W. Leighton, N. H.; John C. Wall, Philad.; John H. Tucker, S. C.; F. W. Danowsky, Penn.; N. R. Mosely, Philad.; Jas. C. Hathaway, British Prov., America; Walker B. Samuel, S. C.; Wm. G. Myers, Penn.; Wm. M. Neyland, La.; G. H. Ordell, N. H.; M. A. Dumey, Penn.; W. J. A. Biskey, Jr., Philad.; Jno. J. Steele, S. C.; Geo. Watt, Philad. The honorary degree upon W. L. Richardson and Ira Warren, Boston; J. Goston, Penn. The ad eundem degree upon Elton R. Smilie, M.D., Boston; H. L. Byrd, M.D., S. C.

Obstetrics—the Science and the Art.—We are delighted to hear again so soon from the accomplished Professor of the Jefferson Medical School. A few months only have elapsed since Dr. Meigs presented the profession with a valuable treatise on the "Diseases of Females," and yet, in addition to his arduous labors, he has succeeded in completing the volume before us—not, however, we regret to learn from his introductory letter, without seriously injuring his health. Elsewhere we shall look for an elaborate review of his work—we refer to it now merely to welcome its appearance, and to assure the student, who may be about to purchase a system of midwifery, that we are acquainted with none of greater practical value. D. H. S.

Mortality of the City.—The mortality in Boston the last week, it will be seen by the report, was remarkable for the season of the year—indeed, we believe it has not been exceeded in any season except the fall of 1847, when the weekly number of deaths, three times in September, exceeded that of last week. In the corresponding week of last March, the number was less than half the present number, and the average for the corresponding weeks of the last five years is only 42—being a fraction over one third of last week. The weekly average for the whole month of March, during the last five years, is 44; and that for the year 1848, 55. This increase has been partly caused by the extensive prevalence of measles at the present time. During the month of March, last year, there is not a single death recorded by that disease. Scarlet fever has also been much more prevalent this year than last, and has helped much to make up the great mortality in question. The weather has not been such during the month as is usually considered unfavorable to health, but was preceded by an unusual degree of cold, which may have contributed, in part, to the production of so great an amount of sickness.

Medical Miscellany.—A committee of Congress have recommended that $20,000 should be allowed Dr. Paige, of Washington, to complete his efforts to propel heavy machinery, boats, railroad cars, &c., by electro-magnetism.—Dr. Winslow Lewis, of Boston, an eminent surgeon, will go to Europe in the next steamer, for the benefit of his health, now much impaired.—Measles still prevail hereabouts, very extensively.—Cholera begins to re-appear at the places where it has heretofore existed, both in Europe and the United States.—Dr. Morton, of Boston, has received the degree of M.D. from the Washington University, Baltimore.—The subject of the burial of the dead in the populated parts of the city, is beginning to excite attention in Philadelphia. Why are not the citizens of Boston more alarmed at the vast accumulations in the cemeteries in the very heart of the city?—Dr. Hardenbrock, of Rochester, N. Y., has been discharged, having been accused of poisoning a woman.

To Correspondents.—A paper on the subject of a new Hospital for the Insane in Massachusetts, and one on Cod-liver Oil, have been received, and will appear next week.—The article on "Ideology," acknowledged a week or two since, is considered unsuitable for the pages of the Journal.—Several Reports of Lunatic Asylums have been received, and notices of them are crowded out of this number of the Journal.

Died,—At Belleville, Ill., John E. Abbott, M.D., formerly of Portsmouth, N. H.

Report of Deaths in Boston—for the week ending March 10th, 122.—Males, 55—females, 67.—Of consumption, 16—scarlet fever, 13—brain fever, 2—lung fever, 9—pleurisy fever, 2—measles, 18—dropsy, 4—dropsy on the brain, 4—teething, 3—croup, 2—hooping cough, 2—child-bed, 4—disease of the heart, 3—cholera morbus, 1—paralysis, 1—disease of the spine, 2—erysipelas, 2—convulsions, 4—infantile, 4—palsy, 1—marasmus, 3—dropsy on the chest, 1—tumor, 2—apoplexy, 1—cancer, 1—scrofula, 1—old age, 1—congestion of the brain, 1—disease of the brain, 2—influenza, 1—dysentery, 1—cholera infantum, 1—inflammation of the brain, 1—accidental, 2—worms, 1—typhus fever, 1—debility, 2—inflammation of the bowels, 1—unknown, 1.

Under 5 years, 59—between 5 and 20 years, 19—between 20 and 40 years, 20—between 40 and 60 years, 12—over 60 years, 12.

Dr. Channing's Treatise on Etherization in Childbirth.—The following remarks on a work, in which, as the production of a Boston physician of eminence, and relating to a means of relief which also had its origin here, we feel an interest and a pride, are copied from the New Jersey Medical Reporter, edited by Joseph Parrish, M.D.

"This is a neat volume of 400 pages. We take pleasure in introducing it to our readers, as it appears to us to contain a candid statement of facts, which have been accumulated by its author from various physicians in Boston and elsewhere. The principal objection urged by those who oppose etherization in childbirth, is fairly considered. The *safety* of the practice is established beyond controversy. The special, physical, moral, and intellectual effects are detailed in the report of the several cases; and near the close of the work they are arranged in tabular form, with considerable accuracy. The first table contains the returns of 516 cases; all these are classed under the head of natural labor."

"In all these cases, which embrace the various complications that are constantly occurring in obstetric practice, except such as require manual or instrumental aid, there is not a single one reported in which the mother did not do well. The other tables show the result of experience in fifty-one cases of unnatural, complicated and instrumental labors, embracing those that required the use of forceps, and operations of craniotomy, labors complicated by convulsions, hemorrhage both accidental and unavoidable; twins, and presentations of breech and upper extremity. The analysis of these tables gives four deaths in fifty-one labors; a result, considering the dangerous complications, and the extreme hazard to which the patients are exposed, that is less than might be expected, and it is believed less than would have occurred had not ether been employed: thus proving not only the safety, but the absolute utility of the agent. The physiological, moral, and religious objections, which have been urged against the use of ether, are also fairly considered, and in our opinion fairly answered.

"The application of this remedy of pain, to ordinary diseases accompanied by spasm, is taken up and cases given. It has been used even in phthisis, to relieve the distressing dyspnœa and anguish of the last stages. In tetanus, also, and other spasmodic disorders, in puerperal convulsions, cholera, and typhoid fever accompanied with spasms: these cases are detailed in the Appendix, which constitutes a very valuable portion of the work. The book should be in the hands of all who take an interest in the progress of etherization."

Cod-Liver Oil.—Dr. Williams, speaking of this article, in the London Journal of Medicine, says—"The livers should be used as soon as possible after the death of the fish, every hour deteriorating the quality of the oil. The pale, plump livers should be preferred; those which are flabby and dark in color should be rejected as unhealthy. The livers, after being quickly pounded into a pulp, should be mixed with water (or exposed in a vessel, without water, to the heat of boiling water or of steam) of the temperature of about 120°, then filtered; and after standing long enough, the oil is to be decanted from the filtered liquor, cooled to the temperature of 50°, and again filtered. The whole process is to be accomplished with as little delay as possible, and in closed vessels, to prevent the air from giving to the oil the slightest degree of rancidity. For the same reason, the vessels in which the oil is preserved, should be full, well corked, and kept in a cool place." Dose, a teaspoonful, gradually increased (if the stomach bear it) to a tablespoonful, in some pleasant liquid, three times a day.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XL. Wednesday, March 21, 1849. No. 7.

NEW HOSPITAL FOR THE INSANE IN MASSACHUSETTS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The public have read with great interest and care, an article which appeared in your Journal of February 14th, in regard to the requisite provision for the recovery, and the care—the cure and the custody—of the insane in this State. This article is a review of the Report of the Commissioners, appointed by the Legislature of last year, to inquire into the number and condition of the insane, and whether any further provision should be made for them, and if so, what that provision should be. This review comes from high authority, which usually commands implicit confidence in these matters, and from which we should be very slow to dissent.

The writer treats of two very important topics. 1st, The propriety or expediency of increasing the hospital accommodations for the insane of Massachusetts; and, 2d, The construction of those hospitals. We cannot too earnestly commend his opinions, in regard to this last matter, to the public attention; they should be carefully examined and regarded, by all men of authority, who have the construction of hospitals committed to them hereafter; and it is to be regretted that this plan could not have been presented long ago to the American as well as to the British public, and that the later hospitals could not have been thus constructed on the best plan for the management of the insane.

But although the writer's plans of action are worthy of all commendation, yet his opinion that nothing further at present needs to be done for the insane in this State, seems to be neither satisfactory nor founded upon the facts in the case.

The objection to doing anything further for the insane in Massachusetts at this time, rests upon the imperfectness of the Commissioners' report, and the danger of excessive provision for the insane. The Commissioners discovered and reported only 291 lunatics who were supported by their own estates or by their friends. The reviewer accounts for 321 of this class belonging to Massachusetts, and known to be in the several hospitals of this and the neighboring States; and he thinks the hospital accommodations already provided are sufficient for the pauper or dependent class of patients, and therefore no more is required. The histories of the insane asylums of Maine and New Hampshire are quoted

to show, that however liberally the government may provide for the care and the cure of the insane, still only a definite and comparatively small proportion of those thus diseased will be sent to the public establishments by their friends or by the authorities that have charge of them.

As these are made the foundation of the objections to the creation of another hospital, and of the argument by which that objection is sustained, it is worth while to examine them more carefully, and see how far they are tenable and safe to stand upon.

The Commissioners report only 291 lunatics of the independent class. The reviewer proves that this is 30 less than the number of this class known to be actually in hospitals, provided that the 83 pay-patients, reported to be in the Worcester Hospital during the last year, were all there together.

The Commissioners discovered, and calculated, and reported, 1156 pauper lunatics, 291 independent lunatics, and 65 whose circumstances were not known—1512 of all classes in the whole State. Here is evidently an error, both by the showing of the reviewer, and by comparison of the numbers of the pauper and independent classes. No one, at all conversant with this subject, will believe that in this State, or in any other prosperous community, the numbers of the insane in the pauper and the independent classes are in this proportion of 1156 to 291, or that all, or even a very large majority of the self-sustaining insane are at any one time living in hospitals. We have no satisfactory and complete accounts of the numbers of the insane. But all the investigations that have been reported, and all the opinions that have been given, show, that the proportions of the two classes—the pauper and the independent—are widely different from this which the Commissioners have reported. The late national census reported 627 of the self-sustaining class, and 644 pauper insane, in Massachusetts. But when we know that this census reports 133 colored pauper insane in the family of Dr. Samuel B. Woodward at Worcester, and only 3 independent insane in the whole city of Boston, we shall be ready to believe that 627, the number of the independent class, falls very far short of the truth. The census reports of the insane in other States, also, show a different proportion of these classes from that given by our Commissioners. In Maine, they are stated to be 386 of the self-supporting to 245 of the pauper class. In New Hampshire, their proportions are as 314 to 191. In Rhode Island, 94 to 122. In Connecticut, 404 to 138. In Vermont, 263 to 148. In New York, 1601 to 739. And in the whole United States, 12,290 are reported to belong to the independent, and 5166 to the pauper class of insane. The Trustees of the New Hampshire Asylum reported, in 1840, that there were 308 of the insane, in that State, supported at private charge, and 107 paupers. This Journal will not be suspected of having any over-weening confidence in the minute accuracy of the statements of the last national census. But where, as here, all the accounts from various sources agree, it is reasonable to put forth these statements as corroborating, if not as substantiating, the position, that the number of the independent insane generally more than equals that of the dependent class of the same patients.

No estimate of the number of the insane in this, and indeed in any similar community, makes them less than about 1 for every 500 of the population. Dr. Chandler, in his report for 1847, page 36, estimates them at double this number in this State. And a committee, appointed in Connecticut, some time ago, to make inquiry in regard to the number of the insane in that State, came to a similar conclusion. But, taking only the lowest estimate, we have in this State nearly 1800 insane persons; and deducting from them the 1156 paupers, leaves more than 600 of the more prosperous class at the present time. If the relative proportion of the independent and pauper classes of the insane in this State, bear any approximation to that which is stated in the last national census, in regard to these classes of the insane, in this and the other States; and if 1156, the number stated by the State Commissioners, is the true number of the pauper insane, then the true number of the independent insane will be not 600 merely, but more than twice as many; and these, added to the reported number of the paupers, will make some approach to the estimate of Dr. Chandler.

This defect in the Commissioners' Report, in regard to the insane in prosperous or independent families, was an error to be expected. Our reviewer very justly refers to the construction of this board. There was not a physician, nor one whose profession leads him to be habitually conversant with these patients, among them. Those who composed the Commission are good and true men, and some of them of extraordinary devotion to this subject, of great capacity for labor, and of praiseworthy energy in any good work; yet, when they issued their letters of inquiry, they sent them, not to the physicians, who collectively are familiar with the domestic condition of every family in their towns, but to the town and city authorities. Consequently they received precisely the kind and measure of information that they might have expected; and they obtained the facts which were the least necessary to be sought out—that is, the number of the insane paupers, which might have been learned nearly as well from the pauper returns published by the Secretary of State*—while the number of self-sustaining insane is left as much in doubt as ever. The Selectmen have no official knowledge of the condition and health of private families, and they have no more personal knowledge of this matter than any other men of equal extent of acquaintance. But if these Commissioners had applied to the physicians, they could have ascertained, through all of them, the health and condition of nearly every individual in the State.

Notwithstanding the reviewer, in the first part of his notice of the Commissioners' Report, has so clearly demonstrated the error of their statement in regard to the number of self-supporting insane, yet he next

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* According to the Pauper Abstract for 1848, the number of insane relieved or supported was 611, and of idiots relieved or supported 324; 935 in all. The Report of the Commissioners, page 6, states that in the towns from which they received returns, 1072 "are unable to furnish the pecuniary means of their support;" and in the same proportion to the population, there are 34 in the towns which made no report to them—making 1156 unable to support themselves. The difference between the reports of the Overseers of the Poor and of the Commissioners probably includes some who are supported by charity, and others who can be maintained by their friends at home, who could not pay for their support in a hospital abroad.

seems willing to stand upon the foundation which he had first shown to be fallacious, in order to prove that their inference in regard to the need of further provision for the insane was fallacious also. He states that we have already hospital accommodations for 916 patients—"enough," he says, "for nearly two thirds of the whole number of all descriptions of insane"; that is, for two thirds of the 1156 paupers, 291 independent, and 65 other insane—1512 in all. There is a slight error, even in this statement, of the hospital accommodations already provided in this State. Dr. Chandler, in his last report, page 35, says that the Worcester Hospital has rooms and dormitories for only 360. The McLean Asylum can accommodate 180 patients; but, according to the statement on page 30 of this Journal, only 123 of them belong to Massachusetts—the other 57 are presumed to belong to other States and countries. This may be the usual proportion of natives and strangers in the McLean Asylum, and probably will be nearly so hereafter, for there is neither public law nor private regulation that excludes applicants from any State or nation. The private asylums for 60 are open, in the same manner, to all who may apply. If they have the same proportion of strangers as are in the asylum at Somerville, the rooms which in these establishments are open to, and enjoyed by, the citizens of this State, are reduced from 240 to 164.

The County Houses at Ipswich and East Cambridge will hold 110 patients; but it cannot be supposed that this intelligent writer intended to endorse the assertion of the Commissioners, that suitable provision is made in these receptacles for 110 patients, or the implied inference, that no further provison is needed in the counties of Essex and Middlesex. This opinion, in regard to the proper provision for lunatics, is amply corroborated by Dr. Bell in his admirable report made to the Trustees of the Butler Hospital in Rhode Island, respecting the construction of buildings for the insane. After contrasting the old with the new and improved hospitals in England, he says, that the practical fruit of the experience of the institutions "was the prevalence of a principle, everywhere recognized," that "there is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply-constructed and cheaply-managed institutions; that the measure of expense of common paupers never should be regarded in providing for the insane; that a better class of almshouses may be carried on for receiving lunatics, and dignified with the name of asylums or hospitals, with some degree of apparent success; but to do the greatest amount of good to the insane, the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond those receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable."—*Journal of Insanity, Vol. II., page* 17.

In comparison with the jails where some of the inmates of these houses were formerly confined, these county receptacles may be called "suitable and convenient," according to the letter of the law that created them.

But, in comparison with what ought to be provided for such persons, or with what is usually provided in good hospitals, they are neither suitable nor convenient, nor ought they to be considered in estimating what means we now have for the proper management of the insane. Making these deductions, we have, then, hospital accommodations for 360 at Worcester, 200 at South Boston, 123 at Somerville, and for 41 at private establishments—724, in all, in the State of Massachusetts.

It is not pretended, even by the most zealous advocates of the new measure, that all the insane should be confined in hospitals. Probably not two thirds, perhaps not more than half, of all, require this measure of restraint and need to be thus provided for. But even this would require in this State room for 1000 to 1200. But, without entering upon any such calculation or conjecture, as the whole number and the proportion that should be provided for, it is much easier to determine this question, by seeing what is the actual demand, and learning how many now seek for such accommodations without being able to find them. It was in obedience to this principle of providing for the demand, that our insane hospitals, here and elsewhere, began mostly of small size and with accommodations for the few patients who wanted to enjoy them. Following the same law, they have almost universally been enlarged, from time to time, to meet the increasing demand of those who desired to avail themselves of their advantages.

The public interest in the insane, and the popular faith in the general curability of their disorder, and in the improvability of the incurable, are progressive; and the willingness of the people to attend to the wants of the insane, and use the means for their restoration and improvement, increases from year to year.

The regard for this class of sufferers and the erection of hospitals for them are not contemporaneous with the origin of any community or State; nor have all at once seized upon the idea, as soon as it was promulgated, and proved their faith by their works of building lunatic establishments. But the people of one State after another have had their attention called to this subject; and after a struggle, and in some places a long struggle, the governments or associations of wealthy and benevolent people have established their asylums. First the contributors to the Pennsylvania Hospital prepared accommodations for the insane in their establishment at Philadelphia, in 1752; and next, the government of Virginia established a lunatic hospital at Williamsburgh, in 1769. Then the New York Hospital received cases of mania in 1797. The Maryland Hospital was opened in 1816; the Friends' Asylum, at Frankford, near Philadelphia, in 1817; the McLean Asylum, in 1818; and the State Hospital at Lexington, Ky., in 1824. Other States and associations of individuals have followed, in this work, at greater or less intervals of time, until nearly all of the old States, and many of the new ones, are thus provided; and some are now making preparations for these patients; others are talking about it; and in others still, no such scheme has been proposed or thought of by any men of influence, or by any men in authority or power. The light of this branch of science, and of this species of philanthropy, is yet to dawn upon them.

The history of the lunatic hospitals in this country, shows a universal increase of patients from the beginning, and, generally, enlargements of their accommodations—and often very extensive enlargements, and these in far greater proportion than the increase of population.

The McLean Asylum began in 1818, with room for a few patients, but as many as it was supposed would be offered to its care. But soon more, and again more accommodations were demanded, and more rooms were added, and these additions followed the demand from time to time, until at last there are rooms for 180 patients.

The Worcester Hospital began in 1823, with rooms for 125 patients. This was all that was then thought necessary. These were soon filled; then more than could be received demanded entrance—and in 1836 one new wing, and in 1837 another new wing, was added, so that 100 more patients could be received. The demand went on increasing, and in 1842 it so far exceeded the extent of the Hospital, that two more wings were added, and then the whole number of rooms amounted to 360. Even these ample accommodations were soon occupied, and the demand yet increased, so that the average number for 1848 was 404. At the end of November, the date of the last report, there were 409 patients in the Hospital—49 more than there were rooms. And even this did not include all that desired to be there, for some were sent away to the jails, the county receptacles, and the almshouses, who would be better in the Hospital. In view of these facts, Dr. Chandler advised that further accommodations should be provided, even to the extent of a new hospital.

While this demand has been thus increasing, and the supply of accommodation growing at Worcester, the McLean Asylum has grown, as before shown, from 67 patients in 1833, to 172 in 1847. Within the same period, the city of Boston has established its hospital at South Boston. This began in 1839, with accommodations for 75, but has been enlarged, so that now it can contain 200. On the first of December, 1848, the date of the last report, it had 188 patients. Within six years, the county receptacles at Ipswich and East Cambridge have been built, and contain over 90 patients. And yet, notwithstanding all this increase of accommodations and rooms for the insane in this State, there is a demand for more. This is attributable in part to the increase of population and the corresponding increase of insanity, but it is also attributable to the increased interest in the subject and growing confidence in the curability of this disorder, and the consequent readiness of the people to avail themselves of, and to use the means for, the recovery of their lunatic friends.

In other States less has been done to excite public interest in this matter, and consequently their people have felt the burden of their insanity less oppressively, or they have had less faith in any means of relief. They have therefore made less provision, or have been less ready to avail themselves of the means that were offered them for the care and the restoration of their insane.

It is said that we are in danger of over-doing this matter of building hospitals, and we are pointed to Maine and New Hampshire, which have

shown more prudent wisdom, and avoided the error to which we are prone. We are told, by the reviewer of the Commissioners' Report, that those States have made comparatively small provision for their insane, and yet these few accommodations, theoretically insufficient to satisfy one half of the wants of their people, are scarcely occupied. "The insane of New Hampshire were found, by as accurate a census as perhaps ever was taken, to exceed probably 500. Less than 100 from that State have taken advantage of the excellent and popular institution built a few years ago for them." "In Maine, in 1846, the statistics of the insane represented 625, besides as many more idiots, many of which latter were no doubt cases of dementia and virtually lunatic." And yet, "the excellent and well-provided institution, second to no State hospital in the land," had, after ten years publicity and life, "an average household of only 93 patients." Now we are advised to take example from these States, and show a similar prudence, and not make any undue and needless provision for our insane; and because the people of Maine and New Hampshire will not send their insane to the hospitals, which their governments have prepared for them, we in Massachusetts are to be dissuaded from providing for those of our own citizens who are anxiously striving to be admitted, but cannot for want of room.

Instead of holding up Maine and New Hampshire as a warning to Massachusetts to persuade her to do less for her insane, it would be more rational to hold up Massachusetts to those States to encourage them to do more for theirs. It would be much more reasonable and humane that the enlightened popular sentiment of this State, in regard to the attention to and care for the insane, should shine upon Maine and New Hampshire, and guide them to more generous doings, than that their clouds should come over us to darken our way and stay our progress.

But it may be well to examine the history of the lunatic hospitals in those States, and the progress of public opinion in regard to the care of the insane, and see whether their example should not be considered as encouragement for us to go on in our past and proposed course, rather than as a warning to stay our movements or to urge us to go backwards.

The hospital in Augusta, Maine, began in December, 1840, with only 30 patients, and in 1841 it had 70 for its largest number at any one time. In 1845, it was crowded, and had more patients than rooms. In 1847 a new wing was built, and one gallery was finished and filled, and then the institution contained 128 patients. And even after this addition, the Superintendent, in his report for 1848, p. 21, complains of "much inconvenience from the crowded state of all our galleries," and says, "still we are obliged to place two beds in a room in many instances"; and, although "admissions have been more numerous than at any previous period, yet several applications could not be complied with—although several cases incurable and of long standing have been discharged to make room for those more recent." And the Trustees, in the same report, page 10, urge upon the Legislature the further grant of money to complete the wing, because, "for two years past, as made known to you, in our annual report, the interests of the institution and the welfare of the public have been suffering for want of room to receive applicants."

The hospital in Concord, N. H., was opened in October, 1842, and received in three months of that year 22 patients. At the end of May, 1843, the date of the first report, there were 47; and in May, 1844, the end of the next year, there were 70; and 151 had been in the institution in the course of the year. In May, 1845, there were 76. In the course of this year there had been 158 in the Asylum—137 from New Hampshire, and 21 from other States and countries. In May, 1846, there were 98, and 174 had been there during the year. Then the Superintendent, page 26 of his report, says, the male wing is entirely filled, and he has more applications to receive patients than the building admits, and suggests an enlargement of the institution. The Trustees, page 9th of the same report, say the same. In May, 1847, there were 100 patients—187 had been in the house during the year, and again the enlargement is proposed. The Governor and Counsellors, who are the visiters to the hospital, in the annual report to the Legislature, page 3d, say that, "to meet the wants of this community, and afford the benefits of hospital and asylum *to even one half of those who need them*, additional accommodations are indispensable; and it is submitted to the consideration of the Legislature, whether economy, humanity and justice, do not unite in requiring that such accommodations be furnished." And the Trustees in the same report, add, that according to their inquiries and calculation, "there are, at this time, 1847, several hundred insane paupers supported on poor-farms or disposed of from time to time at auction." "This practice, viewed in any light it may present itself, is neither just, humane, nor economical." There is but a faint prospect that the victim of insanity, wandering, neglected, about the fields and over the high ways, or, as is not unfrequently the case, incarcerated in some remote room or shed, that his ravings may not be heard, can ever be restored to reason or happiness." In May, 1848, there were 109 patients—192 during the year; and, as before, the Trustees state, that in only 96 rooms, 114 patients had been received at once, and the constantly though slowly-increasing demand rendered it necessary to enlarge the Hospital, or "to close the doors of the institution against all who may apply after its halls are once filled," as they were then filled to the overflowing.

Thus we see, that even the people of Maine and New Hampshire, however slow they have been and are to appreciate and to enjoy the hospital accommodations offered for their insane, are yet making sure progress in this good work, and each successive year shows that they approve of the principle which we have established of properly and generously providing the means for the care and the cure of all our lunatics, and are carrying it into practice by slow though sure adoption. Instead, therefore, of being warned by the history of lunacy and its treatment in those States, to stop in our progress, and build no more accommodations for our insane, we should rather be encouraged by their example, and the statements of their officers, to go on, as we have already done, until every lunatic in the State, whose disease may be cured, or whose condition may be improved by residence in a hospital, shall find such an institution open to receive him.

From the best information that can be obtained in regard to this matter,

it is manifest that there are yet, in this State, many more lunatics, whose friends or guardians wish to place them in suitable establishments, and who would be restored or benefited by such procedure, than there are rooms for them in all our hospitals. Some of those who are thus rejected for want of room, are recent cases, and curable; but for want of opportunity of recovery, are doomed to permanent insanity, and must remain, for life, burdens upon their estates or friends, or the public, for support. Others would be much more comfortably and easily maintained in proper hospitals, than they can be in any other places.

It therefore behooves a prudent, far-seeing and generous community to make such provision for lunatics, that none shall remain permanently diseased, if they can be restored; and if there are not yet means enough already provided for this purpose, to add more, until all the want shall be satisfied. And the facts presented to us show, that the want is not yet satisfied in this State. * * *

COD-LIVER OIL.

BY D. M'RUER, M.D., BANGOR, ME.

[Communicated for the Boston Medical and Surgical Journal.]

There have been few articles introduced into the materia medica with more apparent reluctance, on the part of the profession, than the cod-liver oil; but having once obtained a place in the catalogue of remedies, we predict it will be as slowly discarded as it has been adopted.

Cod-liver oil has been held as a popular remedy among the inhabitants of the sea coasts of Northern Europe for many centuries. The virtues imputed to it have been both vague and various, but it has been universally esteemed in many chronic diseases as a remedy of unequivocal power. Among the fishermen of our own Continent, it has long been highly valued for its curative power in rheumatism and its analogous diseases. It first attracted the attention of some medical practitioners in 1771; when Dr. Percival used it in many cases of chronic rheumatism, with success. Dr. Key, of Manchester, employed it extensively in hospital practice in 1789; and Dr. Bardsley used it previous to 1807. But it was not until 1822 that the attention of the profession was particularly directed to it by any publication based upon numerous and authentic cases in which it had been used. Dr. Schenks, of Germany, published in "Hufeland's Journal" of 1822—6, a series of papers in favor of its curative powers, which has led to its gradual adoption as a remedy in that country. More recently it has been employed in Belgium, France, England and Scotland. Within the last three years it has been introduced into the practice of medicine in this country, and from the numerous advertisements of those who prepare it for medical purposes, as well as from the reports that appear daily in the public journals, of its efficacy in disease, we infer that it is being used very generally.

Its therapeutic properties led Dr. Kopp, of Germany, to suspect that

it contained iodine. This conjecture was verified by Drs. Loome, Bennett and others, who all, however, differ in regard to the quantity of iodine found in a given quantity of the oil, varying from 1-2 to 1-12 of one per cent. The proximate elements of the oil bear some resemblance to those of bile, as it contains in common with that fluid, oil, resin, and saline matter. It reddens litmus paper, is soluble in alcohol and ether, and is usually found to possess the specific gravity of 0.930. Gmelin obtained a saline mass from the oil which struck a deep-blue color with a solution of starch, and had all the usual re-actions of a solution of iodine.

In 1835, Dr. Brefield published a monograph on the use of the cod-liver oil, in which he says, that from careful observation of many successful experiments with it in cases of rheumatism, he considers it a specific in both the acute and chronic forms of that disease. This testimony has since been corroborated by a host of medical writers in Europe, who, likewise, agree that it merits the first place among anti-scrofulous remedies. Dr. Tanflied reports an instance of its success in curing a case of strumous caries of the spine, with extensive ulceration. Dr. Graves declares that he has seen it accomplish cures in scrofulous disease of the lymphatic glands, after all other remedies had been tried and failed. Drs. Richerand and M. Hall highly extol its curative powers in many obstinate cutaneous diseases; and other medical authorities, of equal respectability as the foregoing, have strongly recommended it in phthisis, chorea, spinal irritation, epilepsy, chlorosis, coxalgia, and tabes mesenterica.

The sensible therapeutic action of the oil seems to be almost null. Dr. Dunglison says, that it has no manifest effect on the secretions, [excretions ?], except occasionally on the urinary and cutaneous depurations; on the healthy organization it seems to excite no marked change. In strumous affections, however, its favorable influence is striking, as well as in rheumatic and gouty disorders. In 71 patients for whom Dr. Bennett prescribed the oil, he observed that vomiting was occasioned by it in three cases; slight diarrhœa in seventeen cases; slight diuresis in two cases; and diaphoresis in twelve cases. He thinks it owes its efficacy in scrofula to its iodine, and attributes its superiority over that obtained by chemical means to its organic combination with animal matter.

Dr. Acherson, of Berlin, explains its *modus operandi* in another manner. He conceives that oil globules are essential to the formation of the elementary cells of tissue; for the elementary globule is composed of liquid fat and albumen; and observes, that when fat in a liquid state and albumen are brought into contact, a small quantity of the latter forms a case around a globule of the former, in the same manner as the formative rudiments of animal tissue are produced from a combination of the oil contained in bile and the albumen of the chyle.

Dr. Bennett and most other writers, while acknowledging the ingenuity of Acherson's hypothesis, differ from him, by attributing its curative power to its agency in improving the function of nutrition, thereby affording to the blood an energetic and rich plasma, and promoting the activity of the vital forces, and forwarding the absorption of morbid deposits. In addition to these explanations, Dr. C. J. B. Williams

thinks, that "its peculiar fluidity and little proneness to change enables it to pervade all structures and to penetrate even into imperfectly organized deposits, and by softening their concrete fatty molecules, and rendering more permeable and supple their whole mass, brings them more under the influence of the adjoining living parts, through the circulation; in which either their vitality and nutrition are improved and maintained, or if incapable of improvement, they are gradually dissolved and absorbed away."

These opinions all tend to establish its character as a nutritive of no ordinary power. In regard to its formative or solvent agencies, all is conjecture; its claims to these properties seem to have been advanced to explain its wonderful effects in cachectic diathesis, and scrofulous deposits. But when we consider that both of these morbid conditions are but the effect of vitiated or imperfect assimilation, the ingenious theories of Acherson, as well as Williams, will be found to be wholly gratuitous.

In addition to the several explanations, already advanced, of its *modus operandi*, we feel authorized, from having observed its effects in some peculiar diseases, to attribute its restorative powers to its direct admissibility into the circulation, without undergoing the process of digestion, or passing through the lacteal system. We do not suppose that all the oil that enters the stomach, is in this manner disposed of, or that none goes the usual route of the other digestible matter; but we think we have strong reasons for the opinion, that much of it finds its way in a more direct manner into the circulation, either by vital absorption or by *endosmosis*. Its low specific gravity would seem to favor its transmission by the latter method. However, the following case is one of those alluded to, which have led us to the foregoing opinion.

J. M. C., a young girl, aged 4 years, was attacked with cholera infantum during the autumn of 1848, which resulted in a diseased condition of the mesenteric glands; their enlarged and indurated state could be distinctly felt through the walls of the abdomen. The emaciation peculiar to that disease steadily progressed, in defiance of every remedy, as well as the gratification of a voracious appetite; until the case became so hopeless that all medication was suspended, except such dietetic regulations as were found to best insure the temporary comfort of the patient. The case, under this expectant treatment, for weeks continued to advance towards an apparent fatal termination; when, about a month ago, in consequence of the earnest solicitation of the mother, that something more might be attempted to save her child, the cod-liver oil was directed to be given, in half-tablespoonful doses three times a-day. About a week after the commencement of the oil, an evident improvement in the general appearance of the child was perceptible; although the discharges from the bowels remained as chylous, and as frequent as they were before the oil was given. This improvement is still going on. The pulse has nearly doubled its volume; and the glands, which were formerly easily discernible by the hand, cannot now be readily felt, in consequence of the increased thickness of the walls of the abdomen. Whether this patient will recover or not, is still doubtful; but the change in the increase of adipose tissues, as well as the improvement of the general circulation, since the commencement of the oil treatment, irresis-

tibly leads to the inference, that nutritive elements have found a way into the circulation different from the usual route of digestion. The declarations of other patients that the oil acts as a cordial, as promptly and as effectually as an equal quantity of *good wine*, strengthens this supposition.

The curative powers of the cod-liver oil are more manifest in tubercular phthisis than in any other disease in which we have prescribed it. Indeed, no therapeutic agent has come under our observation, which has apparently produced such favorable changes in this disease, as the oil. Undoubtedly much of its efficacy depends upon its power of invigorating the system, and increasing the "*turgor vitalis.*" Yet we apprehend it sometimes acts in a conservative capacity, by presenting to the oxygen that enters the circulation a supply of hydro-carbonaceous elements, to satisfy its imperative affinities; and in this manner it tends to protect the nitrogenous tissues from rapid decomposition. This hypothesis receives some support from the results of a chemical and microscopical examination of three specimens of urine, from each of three individuals, both before and after taking the oil; when the urea was found in much less quantity in the urine passed after taking the oil, than in the specimens obtained before its use.

Within the last two years we have prescribed the cod-liver oil in thirteen cases of well-marked tubercular phthisis, and the following have been the results. It has been discontinued in two cases; in consequence of its producing hemoptysis in one case, and diarrhœa in the other. Two cases have not perceived any effect whatever from it. Five cases have been materially benefited; three of whom are yet persisting in its use. And four cases are to all appearances cured; they have regained their flesh and strength, are free from cough or hurried respiration, and their circulations have returned within the *limits of health.*

In one case of caries of the spine, of a strumous character, when the patient was unable to sustain the upright position without great suffering at the time when the oil was first taken, about four months ago, it has so improved his condition that he is able to take part with other children in their pastimes out of doors, with perfect freedom from pain.

Although the effect of cod-liver oil on a healthy system is almost null, yet it ought not to be inferred that no discrimination is necessary in its administration in disease; for there are some pathological states in which it proves highly injurious. Diseases attended with intense arterial action, increase of heat, intestinal irritation, or hemorrhagic tendencies, are those morbid conditions with which I have found it to be incompatible.

If this communication will induce some of the readers of the Journal to give the cod-liver oil a more extensive trial, and report their experience of its efficacy in disease, my object will be accomplished.

March 7, 1849.

THE RIGHTS AND DUTIES OF MUNICIPAL MEDICAL OFFICERS.

[In the Common Council of the City of Boston, Feb. 8th, 1849, it was "*Ordered*, That the Board of Visiters of the Lunatic Hospital be, and they hereby are directed to cause an immediate investigation into the circumstances which induced Dr. C. H. Stedman to grant a certificate to Dr. Kraitsir, that his wife, Helen Kraitsir, was a Lunatic—and report the particulars to the City Council within two weeks." At a subsequent meeting of the Board of Visiters, it was ordered that a copy of the above be furnished to Dr. Stedman, Superintendent of the Lunatic Hospital, and that he be requested to communicate to the Board, without delay, the circumstances which induced him to give the certificate in question. To this request Dr. Stedman made the following reply—which, as a manly defence of the private rights of those of the profession who happen to be in official stations, is inserted entire.]

To the Board of Visiters of the Boston Lunatic Hospital—Gentlemen,—I have the honor to acknowledge your communication to me of the order of the City Council, dated the 13th inst.—"That the Board of Visiters of the Boston Lunatic Hospital be, and they hereby are directed to cause an immediate investigation into the circumstances which induced Dr. C. H. Stedman to grant a certificate to Dr. Kraitsir, that his wife, Helen Kraitsir, was a Lunatic; and report the particulars to the City Council within two weeks,"—accompanied by one of your Board, asking me to furnish the statement without delay.

In complying with this, as a request of your honorable Board, I beg permission, with entire respect, to suggest the distrust I entertain, of any obligation on my part to respond to the call, considered in the nature of a mandatory requisition. For any act or omission in the performance of my duties as an officer of the City, in charge of a branch of its medical departments, I could of course have no hesitation in admitting the right of the freest scrutiny, and the entire duty on my part of the fullest disclosure. But when the requisition transcends this limit, and extends to acts done by me in my private capacity, whether personal or professional, having no connection with my public duties, and not under the name or sanction of my office, I must be allowed to question the right of inquiry, or the obligation to answer.

The act alluded to in the resolution under which you address me, was purely of that character. The certificate, as is well known, was not signed by me as physician of the Boston Lunatic Hospital, nor for the purpose of being used there: but was given by me as a physician merely, and for the purpose declared in it, of being used at another asylum.

It can hardly be supposed that this Order was introduced into the City Council upon the hypothesis that *any* act done or advice given by me is to be considered an undue appropriation of *time* belonging to the City; for if that were all, the only inquiry necessary would be, whether it *did* so interfere with the proper discharge of my duties at the Hospital;—a supposition too unreasonable to be made the basis of such an investigation.

Its introduction, therefore, could only have been upon the supposition,

that the certificate was given under circumstances justifying a suspicion of immorality or misconduct, which, if established, would prove me unworthy of the confidence reposed in me as physician of the Hospital, and require my immediate removal; or, in plain language, that the certificate was knowingly false, and given from corrupt motives.

It is thus seen that I am, in this manner, indirectly, but not the less pointedly, called upon to answer to a charge of bribery, corruption, or conspiracy, committed in order to procure the false imprisonment in a Lunatic Asylum of a sane and helpless woman—a charge involving a degree of moral turpitude, from which I should have supposed that an ordinarily fair reputation acquired in a professional life of twenty years in a community like this, would be, at least upon first impression, and without some very satisfactory proof, a sufficient protection. That cases may occur of flagrant misconduct, so obvious as to dispense with the necessity of investigation, and so obviously disqualifying a public officer as to require his instant removal from public service, is doubtless true:—cases in which the nature of the act alone considered, and the unquestionable propriety of immediate discharge, constitute a law of necessity paramount to all the ordinary obligations of preliminary inquiry. But that individuals, because holding public appointments, are to be arraigned and tried by the legislative branch of a municipal government, upon charges or insinuations of criminal offences, alleged or supposed to have been committed by them in their private capacities, and not in discharge, nor under pretence of discharge of their official duties, seems to me, in my humble experience and apprehension, a new, and somewhat startling proposition. And more especially must I consider this to be so in cases, where the act done is one of ordinary professional obligation, *in itself* purporting no wrong, and which could be shown to be blameworthy only by proof of gross wickedness and corruption in the motives for performing it.

The giving of such a certificate is indisputably within the scope of my ordinary duty as a physician. It cannot have been wrongfully given unless Mrs. Kraitsir is not insane, and unless I have been guilty of most culpable corruption, or connivance in a base conspiracy to deprive her of personal liberty. If I have been thus guilty, the Judicial Courts, or the Grand Jury, I respectfully submit, are the tribunals to which I should be called upon to answer. I can hardly conceive that if the City Council were disposed to resolve themselves into a bench of judges or a panel of jurors, to decide upon the law and evidence of corruption and conspiracy, or into a committee of physicians to determine a question of lunacy, they would demand of me the surrender of the rights common to all other men, of having these questions, affecting interests much dearer to me than life, passed upon by those whom the law, the common protector of all, has appointed for this purpose; and by the application of those principles which the learning and experience of ages have established as essential to the preservation of individual security; and which those, thus appointed, are, by the theory and practice of our institutions, alone competent to administer. If *I* am to be thus called upon to defend myself against such charges or insinuations, I perceive no distinction

that can exempt the City Solicitor from being in like manner liable to be tried for any opinion he may have given to clients in the course of his professional practice; nor under which any person, receiving appointment from the Honorable the City Council, may escape from being thus subjected to an investigation into the fairness of any bargain he may have made; or of the propriety of his domestic behavior.

On this part of the case I have only to add, that when it is remembered that the certificate was for the purpose of introducing the patient into an asylum in charge of one of the most intelligent and accomplished and conscientious physicians in the country, and under the constant supervision of a Board of Trustees, some of whom visit it weekly, and who scrupulously discharge the duty of inspecting every patient and apartment; and whose abilities and elevated integrity no man in this community will venture to question,—the supposition that I should dare to give a false certificate, thus exposing myself to certain detection and consequent shame, and necessary forfeiture of all professional character, seems to involve that of a degree of infatuation and absurdity on my part that would prove myself a proper subject for consignment to the same institution.

Permit me further to suggest whether proceedings of this nature, to compel a physician to make public disclosure of circumstances communicated to him, and opinions formed in the discharge of private professional duty, may not be also a wrong to the parties most immediately interested in them; and impose upon him the obligation of resistance, from regard to the sacredness of professional intercourse,—that he may not be thus made the instrument to exhibit to the world their private griefs.

I have the best authority for knowing that this order was introduced, not only without the knowledge or consent of either party, or the counsel of either, but that the procedure was greatly deplored by them all. And under other circumstances I might feel that I ought entirely to decline the request of your Honorable Board from a sense of duty; that I might not thus cause an act, done in the discharge of professional obligation, to become a means of any unnecessarily extensive and permanent disclosure of the misfortunes of either of the parties.

But as this proceeding, instituted, as is supposed, by those assuming to act as the friends of one of them, has placed me, without my agency or fault, in a position before the public calling in question my integrity and humanity in the most revolting form; and from which I perceive no relief, but by proof of my willingness to make a frank disclosure of the circumstances called for; and as the unhappy notoriety already given to this case can render any communication of my knowledge or opinion of comparatively little, if of any further prejudice to the parties, I now place one in your hands, to be used as you shall think proper, desiring, very respectfully, to rest upon your Board or the City Council the responsibility of giving to it any greater publicity:—trusting that these remarks with which I have thought necessary to accompany it, will not be attributed to any want of the most entire respect to the authority from which the order emanated, or the request accompanying it, but only to a sense

of my obligations to myself, and to the profession, of which I am, in this instance, constrained to act as the humble representative."

[The communication alluded to is a brief statement of the circumstances under which the certificate in question was given—showing that Dr. S. was called upon and acted in the case as a private physician and not as Superintendent of the Hospital, and his reasons for believing the lady insane. The particulars would be uninteresting to the majority of our readers.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 21, 1849.

Annual Reports of Hospitals and Lunatic Asylums.—The Massachusetts General Hospital Report lies before us. As might have been expected, managed as the Institution is by practical business men, the financial affairs of the Hospital are in excellent condition. The income from interest, dividends, subscriptions for free beds, and other sources, during the year 1848, was $17,225 00. The expenses were $28,005 38. Average weekly expense of each patient, $4,73, which is 91 cents less than in the preceding year. The present estimated value of the productive property is $154,133 82. An appropriate and respectful notice is taken, by the Trustees, of the death of the late Dr. Enoch Hale, who was one of the visiting physicians. The whole number of patients received through the year, was 804, of whom 514 were males and 290 females. Of these, 103 died. 344 were paying patients, and 460 had the benefits of the Hospital gratuitously. The average number under treatment was 108—and the greatest at any one time, 124.

In connection with these statistics, is the report of Dr. Bell, in regard to the McLean Lunatic Asylum at Somerville. As usual with these annual reports, it shows what science and benevolence have accomplished for the wretched beings who were once considered beyond the reach of either. Happily, the people everywhere perceive that these institutions are not experiments, on which money is expended to no good purpose. Legislative bodies throughout the country are vying with each other in perfecting a system that is working wonders for the insane. But a distinct notice of the McLean Asylum is due to its reputation and that of its active medical superintendent, and will hereafter have a place.

Dr. Brigham, of the New York State Lunatic Asylum, has made his sixth annual report to the Legislature, which has been published, and exhibits the satisfactory condition of the large institution confided to his charge. The income in 1848 was $74,708 59, and the expenses $68,655 49, leaving a balance of cash on hand of $6,053 10. There are points discussed in this document of exceeding interest to society. Dr. Brigham's observations on hereditary insanity; increase of the malady; causes; prevention, prognosis, and the medical and moral treatment, show with what profound attention he weighs every circumstance bearing upon a case. Were it possible, without trenching upon the claims of correspondents, whose manuscripts have accumulated of late, it would be gratifying to transfer to the pages of the Journal some of the most prominent

suggestions contained in this interesting report. We may do so at a convenient time—from a conviction that Dr. B.'s views on the subject of insanity will always command the respectful attention of the profession. Europe cannot boast of a better class of men for medically superintending lunatic institutions, than are now in commission in the United States. Their official reports are rich in thought, pertinent, eminently practical, and in accordance with the principles of christian benevolence.

An engraved view of the New Jersey State Lunatic Asylum (recently erected at Trenton), accompanying the first annual report, shows the edifice to be exceedingly beautiful externally. The interior construction is also thought by many to be altogether superior to any other lunatic asylum in the Union. In May last, patients were first received. H. A. Buttolph, M.D., is the superintendent and physician; Dr. J. B. Elliott, assistant physician. The salary of the first is $1500; and that of the assistant, $500. As many as 200 patients could conveniently be accommodated, although the present number is only 83. A detailed account by the managers, of the various arrangements within for the comfort and health of the lunatics, embracing the warming apparatus, bathing, gas fixtures, water-forcing machinery, the beauty and inviting aspect of the grounds, &c., make it apparent that all who were employed to carry out the original design of the Legislature, were truly faithful. Dr. Buttolph's report from May 15 to Dec. 31, 1848, indicates familiarity with the duties before him; and from the orderly character of the several topics discussed, we should judge him to be precisely the man required for the place.

The Butler Hospital for the Insane, also of very recent construction, is, too, an imposing structure, probably as complete in all its departments as any in New England. It is hardly possible to describe, with minuteness, in our limited space, the various improvements introduced into the most recently-established insane retreats. Those who are so fortunate as to receive the annual reports, will there find the particulars. In the thirteen months, says Dr. Ray, the medical superintendent, since the Hospital was opened at Providence, R. I., 156 patients have been admitted, 84 males and 72 females. 56 have been discharged, well; and there were remaining, December 31, 100 patients. Dr. Ray's report is a sensible paper, making no pretensions to show, and therefore the better calculated to command the respect of those who appreciate the learned gentleman's philosophical views. A series of resolutions very complimentary to Dr. Bell, of the McLean Asylum, Somerville, belonging to the transactions of the Trustees, are appended to the report, in which it is acknowledged, in a handsome manner, that they are wholly indebted to him for the information that enabled them to erect the very perfect structure which is now the just pride of the State.

The Plea of Humanity in behalf of Medical Education.—The address delivered before the New York Medical Society and the members of the Legislature, at Albany, February 6th, by Alexander H. Stevens, M.D., &c. &c., has been received. It fully sustains the excellent character it was represented to possess by a correspondent of the Journal a week or two since. Dr. Stevens is a prominent member of the medical profession, has invariably been consistent in his course, and, in every position in which he has been placed, exerted himself for the honor and claims of the brotherhood. So complete was the analysis in the Journal that it is wholly unnecessary to allude further to this excellent address.

A Plea for Obstetrics.—An introductory lecture by J. Wiltbank, M.D., of the Pennsylvania College, delivered at the commencement of the lectures, has been overlooked for some time, but its claim to special notice is by no means impaired by delay. It is a sensible, plain, and an eminently judicious discourse. He claims nothing for himself, but much for humanity, and eulogizes the character of the late Dr. Dewees, which he would have imitated by those who wish to be both good and great.

Transylvania University.—A valedictory address to the medical class of the present year, by E. L. Dudley, M.D., Professor of General and Pathological Anatomy and Physiology, is a fine specimen of lecturing. Of his scholarship and tact in writing,. no one would doubt, who peruses this performance. We have nowhere heard better advice to young physicians. It is clothed in excellent language, and is well calculated to reach the heart and chasten the affections, while it keeps constantly before the mind the importance of the relation which exists between the practitioner, his patients and society. Long may the author live to exhibit the value of the principles he has forcibly and eloquently taught in this discourse.

Syr. Pruni Virginianæ.—Messrs. Philbrick and Trafton, of this city, have prepared a syrup of the wild cherry, which is noticed with favor by practitioners. It is an elegant preparation, in common parlance—a dose being from one to two fluid drachms for adults, given as frequently as may be prescribed by the attending medical adviser, who would, of course, be influenced by the age, constitution and general circumstances of the patient. As a basis for several cough mixtures, by adding any of the approved expectorants, it is very much liked ; and it is well worthy of a trial in ordinary practice. There is no secret about it, and no pretensions beyond being a convenient and really useful preparation for the physician.

A variety of other useful preparations may be found mentioned in the advertisement of Messrs. Philbrick & Trafton.

Massachusetts Medical College.—At the semi-annual examination held on the 2d and 3d of March, 1849, the following candidates were approved for the medical degree :—

Leland Howard Angell, dissertation on Tubercle ; William Clarke Beckwith, Iodine ; Cornelius Soule Carter, Causes of Decay in Human Teeth ; Octave Fauvelle, *Blessures ;* Edward Gage, Odontiasis ; Isaac Francis Galloupe, Gastro-enteritis Acutus ; Robert Greer, Dysentery of Temperate Climates ; George Franklin Jenks, Medicine ; Edward Kirby, Typhus Petechialis ; Luther Franklin Locke, Iritis ; Edward George McCormick, Chlorine ; William Bowen Morris, Delirium Tremens ; Paul Louis Nichols, Erysipelas ; Buford Allen Prewitt, Typhoid Fever ; John Howard Ricker, Rupture of the Uterus ; Charles Harrison Shackford, Pneumonia ; James Michael Sharkey, Croup ; John Cauldwell Sharp, Prognosis ; John Hannibal Sheppard, Dyspepsia ; George Rodney Swetting, The necessity of an acquaintance with the Principles of Health ; James Munroe Underwood, Pertussis ; Alonzo Carter Webber, Suppression of Menstruation ; Henry Willard Williams, Cancer of Uterus ; George Sullivan Woodman, Emesis ; Charles Fessenden Wyman, Scarlatina.

O. W. Holmes,
Dean of the Medical Faculty.

U. S. Army Medical Staff.—An act increasing the medical staff of the army having been passed at the recent session of Congress, a medical board for the examination of candidates for the appointment of Assistant Surgeons will be convened in New York about the first of May ensuing, and will continue in session a month or longer. Candidates being between 21 and 28 years of age, should make application to the Secretary of War, with proper testimonials.

Mortality in Boston—Measles and Scarlet Fever.—To the Editor, &c.—I see in the "weekly mortality," reported in a late Journal, that there were 10 deaths from scarlet fever, and 19 from measles. This is turning the tables indeed. I am a physician in some practice, and occasionally visit sick folk. I am called to cases of eruptive disease quite often—generally when the child is very ill. I am told the *disease* is measles—"that *they* have been out some days, and that all sorts of means, hot saffron tea, hot water, and hot air, have been most abundantly used to keep *them* out—that measles *are* a very simple disease—that advice has not been thought necessary—finally, that things did not look well to-day, and it was thought safer to call in 'the doctor.'" Now, sir, all this is literally true. I have found two children with *measles*, so called, in the same room. They have been almost *dying* when I reached them. Most malignant *scarlet fever* was present. The functions of the brain were almost null. A matter, most offensive in smell, and profuse in quantity, was pouring from nose, eyes, ears—more resembling that from *glanders*, in the horse, than any other disease—the breathing a noisy, rough, apoplectic stertor. These are some of the appearances presented by these cases of *measles*. I need hardly add, that these cases, which have been not infrequent with me, have all been fatal. To many of them I have had time to make but a single visit before death has occurred.

Now what has this to do with the weekly reports of mortality? I answer, that not in a single one of these cases have I been asked to give a name to the disease, or been consulted about the return to the Superintendent of Burials. How natural for the parent or friend who first gave to it a name, treated it accordingly, till farther treatment would have been as cruel as useless—how natural is it for such authorities to return the name which the disease has borne from its beginning to its fatal termination!

Whence comes domestic nomenclature, and whence the domestic treatment, in these melancholy premises? Who has taught this domestic nosology—this easy diagnosis, and this simple but ill-ending treatment? We live in an age of progress, and let medicine be true to its demands. You know that its mythological divinity boasted of wings to secure his rapid flight. But do, sir, let the "record" have so much truth in it as to give to science some evidence of its probability. It is bad enough to be charged with killing children whose disease was *only scarlatina*. To be charged with letting 19 children die in a week of *measles*, or with occasioning so many deaths, may to the sensitive be something worse. For one, I can hardly believe in the entire correctness of the last "weekly report" but one touching *measles*. I think I have shown how easy it was for reporters to err. I do not write to diminish the confidence of parents or friends in their own personal knowledge of the nature of diseases and of their treatment. Oh, no. I write that our Bills of Mortality, which are matters of permanent record, should have all the accuracy they deserve, and especially that "reporters" of such bills should have some notion of the responsibleness of their office.

I see in the last "report" of mortality, 18 deaths from measles, and a sum total of 122 deaths for the week. Is not this amount unparalleled in our necrological statistics? It far exceeds the mortality of Philadelphia, for the same week, while our population is not half that of Philadelphia. I spoke to a friend in large practice on this subject. He said, in a former epidemic of measles, the mortality was large, but seemed surprised at learning that in two weeks the deaths had been 37. As an old friend, now long dead, used to say, "I never lost a case of dysentery," I may truly say, that I have not lost a case of measles this season, unless it has passed into other hands, which you know now and then happens in the best regulated—faculty. W. C.

Boston, March 19, 1849.

To Correspondents.—A reply to the late article in the Journal on Insanity in Massachusetts and the Construction of Lunatic Asylums, with more particular reference to the latter point, has been received. There are also on file for publication, the conclusion of the sketch of Dr. Bell, Prof. Shipman's second letter on medical matters at the West, Dr. Bartlet on Elaterium in Acute Hydrocephalus, and a translation of Civiale's mode of treating Strictures of the Urethra.

Died,—In New York, Charles H. Robertson, M.D., 59.—In Boston, Thomas Gray, M.D.—At St. Petersburg, Russia, Dr. Zagorski, Prof. of Anatomy and Physiology in the Medical School of that city, at the age of 92.—In London, George Fownes, F.R.S., Prof. of Practical Chemistry in the University of London.—At Holme's Hole, Mass., Le Roy Yale, M.D., 46, of ship fever.

Report of Deaths in Boston—for the week ending March 17th, 91.—Males, 40—females, 51.—Of consumption, 16—measles, 16—scarlet fever, 11—infantile, 8—erysipelas, 3—lung fever, 2—debility, 3—syphilis, 1—convulsions, 4—child-bed, 3—dropsy on the brain, 4—pleurisy fever, 2—inflammation of the lungs, 1—old age, 3—puerperal, 1—teething, 4—disease of the heart, 2—inflammation of the bowels, 1—bilious fever, 1—intemperance, 1—canker, 1—croup, 1—disease of the stomach, 1—unknown, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 7—over 60 years, 9.

Cholera in Nashville, Tenn.—Relation to Limestone.—We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather, for the greater part of the time, has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells, which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves which, at first, I supposed, were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter had been laboring in the vicinity of a spring from which he obtained all the water he drank.

A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality while the city has been exempt from it, is a question not to be determined without farther observation."—*Western Journal of Med. & Surg.*

Delegates to the American Medical Association.—At the Annual Meeting of the Medical Society of the State of New York, in Albany, Feb. 6, 1849, the following were elected delegates to the American Medical Association: Southern Censorial District—Drs. A. H. Stevens, New York; Charles S. I. Goodrich, Brooklyn; Willard Parker, New York; E. G. Ludlow, New York; J. R. Manly, New York. Eastern District—Drs. R. G. Frary, Columbia; Simeon Snow, Montgomery; J, McNaughton, Albany; T. W. Blatchford, Renssellaer; T. R. Beck, Albany. Middle District—Drs. Henry Mitchell, Chenango; —— Dehring, Oneida; Jenks S. Sprague, Otsego; A. Willard, Chenango. Western District—Drs. Reynold Coats, Ontario; Daniel Jones, Onondaga; Alexander Thompson, Cayuga; Bryant Burwell, Erie; G. W. Bradford, Cortland.

At a meeting of the Medical Society of Alleghany County, Pa., Dr. Joseph P. Gazzam was elected delegate to the American Medical Association, to meet at Boston.

At a meeting of the Philadelphia College of Physicians, held February 6th, 1849, the following were elected delegates to the American Medical Association:—George B. Wood, Francis West, Alfred Stillé, George W. Norris, Isaac Hays, D. Francis Condie, Henry Bond, Samuel Jackson (late of Northumberland), George Fox, Gouverneur Emerson.

At a meeting of the Philadelphia County Medical Society, held January 30th, 1849, the following were elected delegates to the American Medical Association:—J. H. Yardley, W. H. Klapp, W. Maybery, M. M. Reeve, W. B. Page, H. Gibbons, T. F. Betton.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XL. Wednesday, March 28, 1849. No. 8.

THE MASSACHUSETTS LEGISLATIVE COMMITTEE ON INSANITY AND THE PLAN OF THE NEW JERSEY HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the 2d number of the present volume of this Journal will be found an article, relative to the action of a Joint Committee of the Legislature of Massachusetts, on the subject of insanity in that State, in which your correspondent expresses views, entirely in opposition to those advanced by the Committee, and in a form that cannot but attract attention, proceeding, as they evidently do, from the pen of one who has devoted no small amount of time and study to subjects of this nature.

With the sentiments contained in the first six pages of the remarks of your correspondent, and which have reference to the number of insane in the State, the necessity for further provision for their accommodation, &c., we have no disposition to interfere, though it is obvious that his views on these points are not universally adopted. Nor would we ask the use of your pages, for any remarks on the concluding portion of his essay, did we not believe that the conclusions there adopted, in reference to the New Jersey Hospital (the plan of which has been unanimously recommended by the Legislative Committee), are not justified by the facts of the case, and which we certainly believe are very far from being the sentiments of anything like a majority of those who now have charge of the institutions for the insane in this country.

In any discussion upon the plan of the New Jersey Hospital, it must be borne in mind that it is a State institution, and is intended to accommodate not less than 200 patients. A smaller institution, or one intended for a different class of patients, would of course require a modification of that plan, in many important particulars. Although, as far as we can learn, no one has ever thought of claiming perfection for the New Jersey plan, still, where best known and understood, it is not considered so very defective, or so much behind the age, as your correspondent would seem to intimate, but that those who have had anything to do with it are quite willing openly to assume all the responsibility which rightfully belongs to them. It seems to us a matter of little moment where the plan originated, and it is only to exculpate innocent parties, if there is anything radically vicious in it, that we refer to this part of the subject at all.

In the first place, then, the plan sketched by the late Dr. Lee, in

1836, had nothing to do with that under notice, as it had never been seen by the party who suggested that adopted in New Jersey, nor by the architect; and the philanthropic Miss Dix—the results of whose labors are now seen in so many States of the Union—certainly is in no way responsible for any part of it; although, if it is deemed of any importance, we may state the fact, that when the plan, after its adoption by the Commissioners, was shown her, it met her entire approbation, and has since that time been repeatedly recommended by her to the attention of those making inquiries on the subject. The fact that Dr. Lee had previously recommended one somewhat similar, only goes to show that practical men, without any communication with each other, often arrive at the same conclusions.

The history of that plan, so far as New Jersey is concerned, is simply this. The Commissioners appointed to erect the hospital, as is usual, visited a number of the best institutions in the United States, and consulted with those entrusted with their management, as to the requirements for such an establishment; and after mature deliberation, unanimously adopted the sketch sent them by the Physician of the Pennsylvania Hospital for the Insane. An architect was subsequently appointed, and this sketch, with a specification of details, was placed in his hands, and from them he prepared the drawings from which the building was put up, and which although embracing most of the main features of the plan, was in a few respects materially modified in the details, and it is in reference to these that the gentleman who gave the original sketch is unwilling to assume any responsibility. It may also be stated, that motives of economy led to some other modifications which were not considered by him as improvements. The credit of the exterior, so effectively worked out, is entirely due to the architect.

These facts, or most of them, might have been known to your correspondent, as they are distinctly stated on the minutes of the Commissioners and in their published reports, and were reiterated, and the responsibility of the plan assumed, in an article on the construction and management of hospitals for the insane, published in the American Journal of the Medical Sciences for January, 1845; so that it is scarcely fair to say, that no one is willing to take a proper share of responsibility in regard to its paternity.

This plan was not claimed as in any way original—it was intended to embrace the good features of several, and was only recommended because it was believed that it would give the State, at a moderate cost, a hospital having many good points, and clear of many of the defects of existing institutions.

We were not a little surprised to hear, from such a source, such criticisms on the style of architecture adopted at Trenton, and intimations of extravagance in this respect. Now, although "a rose, by any other name, will smell as sweet," still a very different impression may be made by the language used in describing a building; and to those who have never visited the institution, "immense stucco pillars, heavy dome, Italian campaniles, projecting Tuscan roof," "better fitted for the capitol of a great State, than for the home of the pauper insane," may give a

very different impression from saying, as the architect has said emphatically, that "it is in the simplest style of architecture," that a projecting roof protects the building, that a plain and cheap dome makes a convenient room for the water tanks, and that some brick columns, rough cast, form a part of the portico, which was intended to make the entrance.

It was felt, too, by all concerned, that such a structure should have certain features to mark it as being something more than an immense factory—an appearance occasionally observed in such buildings, and which the good taste of your correspondent would lead him to condemn in the strongest terms. It is believed that no more has been done in the way of ornamental work, than was necessary to effect this object, and to prevent this noble charity from being externally a State deformity, made more conspicuous by the beautiful site selected for it. It may also be remarked, that it is not alone for "the pauper insane" that it has been built—it is for the relief of all the citizens of the State when thus afflicted, that it has been prepared.

The fact that this large building, more than 500 feet in front, three stories high, "stucco pillars, dome, Italian campaniles, Tuscan roof," and all, has been put up for $80,000, proves conclusively that little purely ornamental has been done upon the work. Except the portico, the general style of the New Jersey Hospital is by those in its neighborhood considered so plain and unostentatious, that at first we supposed your correspondent could scarcely be serious in this portion of his remarks.

The cost of the heating apparatus, of the fixtures for lighting by gas, of the very perfect arrangements for cooking and distributing food, for conveying messages to and from different parts of the building, of the wash and bath rooms, of the water closets, of the furniture, and fixtures, of the general wash house and drying rooms, &c., in a building like that at Trenton, may either be complete as they are there, or reduced to that low scale which results from the mistaken belief that a small original expenditure is a proof of economy; but with some experience in these matters, we have no hesitation in saying, that all these arrangements, carried out fully to the completeness found at the New Jersey Hospital, although originally involving a large expenditure, will in the end be found truly economical, and much cheaper than those of a less perfect or less permanent character.

In reference to what your correspondent has been pleased to style "grotesque blunders," a few words will probably be sufficient to satisfy the readers of the Journal, that all the blunders, at least, do not belong to the planners or builders of the New Jersey Hospital. For example, it is stated by your correspondent, as a proof of the want of "a governing professional mind," that in the plan published by the Committee of the Massachusetts Legislature, "it will be noticed that the front doors of the mansion are the only places for the ingress or egress of patients or others, cured," &c. Now this arrangement of doors is really the plan, *so far as that story is concerned*, was always intended to be so, and this peculiarity or "omission" has never been "cured" nor subjected to treatment for its removal, from the simple fact, distinctly

shown, too, on the plan, and in the report of the Commissioners, that it represents the "principal story" which is of course near 12 feet from the earth, having a basement story, entirely above ground, under the whole of it, and through which patients and others are expected to pass, and in which will be found their doors of ingress and egress! The doors in the mansion referred to, are solely for those who have business in that part of the centre building. The "other *equally* grotesque blunders" not being specified by your correspondent, we may be excused for inferring them to be of a somewhat similar character.

As respects the central corridor, so much objected to by your correspondent, we may be allowed to remark, that there is a diversity of opinion among individuals of equal experience. Our own view, which we believe will be found to be the prevalent one, is that in State institutions, containing 200 or more patients, they are unobjectionable, provided, as at Trenton, there are large and comfortable parlors (not two small bedrooms thrown together) and dining rooms in connection with all the wards, and both extremities of every ward finished in their whole extent by moveable glazed sashes, or where coming in contact with the central building by ample open spaces, fitted up in the same way, so as to admit an abundance of light and air. Where no parlors are provided, or where the ends of the corridors are obstructed, as at the Butler Hospital, a single range of rooms is desirable, if not indispensable. It must not be supposed, however, that this single range of rooms is a novelty just introduced to us from Great Britain, for it has been in constant use in a well-known institution of our own country for more than thirty years. The Friends' Asylum at Frankford, Pa., which is built in this manner, and has been as much visited and talked and written of as any other, was opened in 1817, and if that plan possessed such extreme advantages, or was the only one comporting with the advanced state of knowledge of the age, it is not a little remarkable, that of the 24 institutions which have been opened since the Friends' Asylum, or are now being put up, so far as we know it has been followed but in a single instance. In a small institution this plan is always admissible, but the extreme length required for a building for two, three or four hundred patients, and the large additional expense that must necessarily be incurred, we consider sufficient to forbid the adoption of that plan for large State institutions.

It is a mistake to suppose that because there is a basement (above ground) at Trenton, on that account "every person about the establishment is obliged daily to clamber up the unnecessary steps." One of the wards is on the basement level, so will be the wards for the worst patients; and in all the wards, so complete are the arrangements, that it is rare that either patients or attendants will have to leave them, except when going out to work, walk or ride.

The position of the kitchen, in the New Jersey Hospital, is on many accounts very desirable, and we have not found it liable to the objections mentioned by your correspondent; but if preferred, it may be placed in the rear. The wash-room for clothing at Trenton is not in the building at all, but in a detached structure, as we thiuk it always should be.

The basement story gives great facilities for having workshops, at all times accessible to patients.

We have yet to learn why the violent and noisy patients, placed at the extreme end of the second range of wings, extended as at Trenton, are further from the central offices or more difficult of inspection than if the second range was placed at right angles to the first. The distance travelled should of course be understood to be under the roof of the building; for crossing open yards for this purpose, or for taking patients to the chapel, especially at night or in inclement weather, we should consider entirely inadmissible. We have found no disadvantage in the patients of the two upper wards, mingling as far as they do in simply passing to and from the chapel, in which, of course, let them come by what route they may, they are seated together. Such extreme strictness of classification we consider neither important nor desirable.

In regard to the central inspection room, so highly lauded by your correspondent, and from which the attendants are to watch their wards, we have no hesitation in saying that we should object to them in any position, when they must of necessity obstruct the free passage of air, and thus create the necessity for the single range of rooms, with which they have been connected. For devoted as we are to a forced ventilation for all hospitals, we think it folly to refuse to derive all the advantage we can from a natural ventilation. We have always supposed that during the day it was the business of the attendants to be in the wards among the patients, and not in their rooms—certainly both attendants should never be absent at the same time, and at night the watching should be entrusted to other persons. Those attendants who during the day perform their arduous and responsible duties among the patients, faithfully, have need of undisturbed rest at night, and have a right to expect it. The simple care of an adjoining dormitory may not be objectionable; but if the watching of a ward, even in the day time, is entrusted to an attendant in his room, we feel very sure it will not be long before it will cease to be watched at all.

The New Jersey plan admits of the arrangement of all the court yards that are required, without their being overlooked to an extent that will prove injurious to any of the patients.

Your correspondent states that there is no forced ventilation at Trenton. Our impression has been different; and if there is not a forced ventilation there, it can only be because those who control the institution do not choose to have it. The flues are all there, ample in number and size; the large upright shafts, properly located and built expressly for the purpose, are there, and the whole system can at any time be put in operation. The horizontal flues are not "inordinately long," certainly not longer than they would be with the wings at right angles to each other. The mode of ventilation is thus described by the architect in the published account of the building. "A large flue or air-trunk is constructed at each end of the corridors, with partitions, so that each corridor will have an ascending or descending current, as the season or state of the atmosphere may demand. These air-trunks will terminate below in an air-drain, which will again terminate at the necessary fire-

places of the establishment, or at points distant from those places, at fires provided for the purpose of burning the impure air. Above, the air-trunks will terminate in a shaft or chamber, which forms an ornamental erection over the roofs of the pavilions centre and extreme, and the impure air will be burned off at these points if further forced action is necessary. Flues of ventilation from every room are connected with the main trunks ; the regulation of the supply of fresh warm air, and the valves for ventilation, are so proportioned that currents of air will be entirely avoided. It will be in the power of the managers to cool the air, in the chambers, and distribute it over the house in summer." We concur heartily in all your correspondent says about the importance of forced ventilation for hospitals. and if it is not found at Trenton, it certainly ought to be, and in great perfection.

In the New Jersey plan, the lodge buildings may be arranged so as to be as easy of inspection and of access, as in any other. No one can estimate more highly than we do, the importance of constant supervision of the best kind for this class of patients.

We were not a little surprised to find your correspondent "boldly hazarding the opinion, that it [the New Jersey plan] will never again be fixed in bricks and mortar"! That prediction, so fearlessly made, is already in process of being falsified, for the Pennsylvania State Hospital at Harrisburg is actually being put up on the same general plan, the main features of which, we learn from an intelligent friend, who has visited them, are also about to be carried out in the hospitals of Indiana and Illinois.

Although facetiously styled, by your correspondent, "a thing of shreds and patches," we have little doubt but that at the end of ten years our reputation as a prophet will be as good as his, if we express our firm belief, that within that period, the plan under notice will be copied more frequently in the United States than that of any other institution which has, up to the present time, been built anywhere.

Should the plan of the New Jersey Hospital be adopted, as recommended by the Massachusetts Legislative Committee, it will of course be deemed within the proper line of duty of a building committee, to make such internal alterations as experience has shown to be desirable. The occupation of such a building, or of any building, rarely fails to suggest some improvement not before thought of. As far as the first year's use of the New Jersey Hospital goes, we believe we are fully authorized to say, that its estimable Physician, who has had considerable experience in other well-conducted establishments, and who has recently visited most of the best in this country and in Europe, although in no way responsible for the plan, still believes that under notice one of the best anywhere to be found ; and if required to put up a building for a similar purpose, would not change materially, if at all, the essential features of that at Trenton, and which are so little esteemed by your correspondent.

Your correspondent has detailed what he deems the objections to the New Jersey Hospital, some of which we have attempted to remove or explain. May we be allowed to state some of the advantages we believe it possesses ? Among them are the following:—

As a whole, it presents a respectable architectural appearance, while little has been expended on what is purely ornamental.

The cost of construction is as little as could be expected for any building of equal capacity.

It has only two stories above the basement, except in the centre and pavilions, and the basement is above ground.

The officers and others employed have comfortable private apartments.

With the lodges, the classification will be complete for at least seven classes of each sex.

Its wards are all of moderate size, are open and cheerful at both extremities—all the rooms are pleasant, and it is clear of the many objections to wings at right angles to each other.

Nearly every ward has a separate parlor and dining room, while all have very perfect arrangements for wash and bath rooms, water closets, clothes rooms, attendants' rooms, modes of communicating with the basement, kitchen, &c.

Comfortable work rooms or school rooms are provided in the building, easily accessible to the patients.

The chapel is approached from every part, without going into the open air, and without any intermingling of patients that is injurious.

The wards for violent and noisy patients will be easily accessible, and as near the centre as is desirable.

The heating of the building is by steam, admirably arranged, and there is provision for an efficient forced ventilation.

Gas, made on the premises at a small expense, is used for lighting every part of the Hospital.

In a new structure, a greater height of ceiling, somewhat larger rooms, and some modifications in the internal arrangements, not numerous, nor changing the character of the plan, might be desirable.

Your correspondent thinks it necessary to declare that "no iota of pique or prejudice" had entered his mind or exercised any influence in causing his criticisms upon the report of the Legislative Committee. Such a disclaimer ought not to be required from any one, and those who indulge such a suspicion must forget how easy and how common it is to find radical differences of opinion, on such questions, between individuals of equal honesty and sincerity—equally anxious to promote the best interests of the insane, in every way, and who, too, have had something at least approaching the same kind and amount of experience. Your correspondent, we feel quite sure, will appreciate our motives in attempting to controvert some of his opinions in reference to the New Jersey Hospital, and will rejoice, as much as any one, if good results to the insane from our diversity of views, and from the frank expression of them, in reference to the points we have taken the liberty to bring before the notice of your readers.

March, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

"Give every man thine ear, but few thy voice:
Take each man's censure; but reserve thy judgment."—*Shakspeare.*

DR. JOHN BELL—CONCLUDED.

The above advice is practically illustrated in the daily "walk and conversation" of Dr. B. No man in Philadelphia, whose influence approaches his, can be pointed out with less of the *genus irritabile medicorum.* At least, very little of it appears above the surface; and Dr. Bell has few, very few enemies. This is the more strange, inasmuch as his editorial labors, one would suppose, would have forced him into collisions where otherwise he would not be.

For some years he was President of a Phrenological Society, which was very active in the early history of the science. Its collection of skulls, casts and busts, is, we believe, now in the Academy of Natural Sciences. Speaking of phrenology, Dr. B., according to its own rules, must necessarily believe its tenets. It is said that he has one of the largest heads in the city; and that he has amused himself by calling at the various hat stores, to inquire for a hat to fit him; pretending to want one at once. The obliging hatter would try one hat after another, until his stock was exhausted, and the anxious customer would be forced to leave, and try another, with the same success.

Dr. B.'s height is about five feet, seven and a half inches; very *spare* —at least he was formerly, and appeared much like a walking ghost. Since his marriage, however, which occurred about seven years since, he appears much improved. A wrinkled, care-worn face, which when it smiled, appeared like a smile under snow, is now lighted up with a more joyous expression, and his fine teeth, instead of exhibiting almost a ferocious grin when he smiles, adorn a large but benignant mouth, and add much to the expression of his features. An expansive head, with hair becoming gray and somewhat thin, surmounts a neck which in walking is nearly erect and steady. His limbs move like machinery, and his eyes are kept straight before him. With a white cravat, Dr. B. might be taken for a sedate clergyman. His mode of salutation is by a gentle nod of the head; while his deep gray eyes are but slightly influenced by a scarcely perceptible contraction of the corners of his mouth. His dress is always plain, but neat, and does not particularly attract the attention of the beholder. He does not appear to think that it is absolutely necessary that a doctor wear black cloth.

Early in life Dr. B. went on a voyage to the East Indies, and visited various parts of Europe, and has many warm friends now abroad, whose acquaintance was made while in foreign countries. This practice, by the bye, of young men taking charge of an East Indiaman, and going on a three years' voyage, seems to be out of fashion. Formerly it was a very common practice—and many of our distinguished men refer with pleasure and profit to the vicissitudes and instruction accompanying these voyages.

Dr. B. is a member of the American Philosophical Society, the Col-

lege of Physicians, Medical Faculty, and a host of other medical and scientific associations both in this country and abroad. He is a very good linguist, particularly is he well versed in the modern European languages. As a writer, we have heard good judges complain of his style as being verbose and desultory. Yet the following passage, which occurs in a critique of his, on the life of Dr. Goldsmith, appears to us to be terse and to the point. "The inference from this, which we would impress on a youth yet undecided as to his future career, is, to go through regularly, systematically, perseveringly, if not enthusiastically, the course of studies which he has once begun. No possible circumstance in after life can justify a boy's neglecting the attainment of elementary learning; nor ought any apology be received from parent, guardian or teacher, who, yielding to the wilfulness or dazzled by the precocity of the boy, fails to keep him on the beaten track, and to prepare him to act the part, with advantage, of the collegian first, and the useful man of the world afterwards." It must be recollected that Milton wrote in long periods, even to the extent of pages, in his prose writings; yet no one doubts his vigor and terseness.

But we must close—by adding only one more remark, and that is, that Dr. Bell is now just in the prime of life, we suppose not more than 48 or at most 50 years of age, and capable of filling the highest chair in the practice of medicine, institutes of medicine, or materia medica, in the United States. And we hope soon to see him, by his modest but acknowledged worth, placed in a position to teach his profession *ex cathedra.* CATO.

DEATH FROM CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—An erroneous notice of the following case having appeared in some of the newspapers, I am induced to send it to you for publication. I think it is not without interest to the profession, while the investigation is still in progress as to the utility and safety of the anæsthetic agents now so generally employed. Yours, &c.

Boston, March 17, 1849. JOHN JEFFRIES.

March 7, 1849, I was called at about 7 o'clock, A. M., to visit Abby Pennock, said to be 17 years of age, a domestic in a family of high respectability, residing in Mount Vernon street. I found her dead under the following circumstances. The body was lying on a feather bed, on the left side, with the head bent forwards to the edge of the pillow; the arms crossed; the right hand, containing a linen handkerchief crushed into a small compass, was pressed with such force upon the upper lip and nose as to produce considerable distortion. The left forearm crossed the right, as if to aid the pressure upon the mouth; the knees were drawn high up in the bed; the eyes were open, and the pupils dilated; her night cap was tied very tightly under the chin; the bed-clothes were drawn over the head; the face, especially at the lower

part, the throat, chest and arms, were quite livid; the body was warm, and exceedingly rigid, so much so, that in forcing the hand from the mouth the whole body was turned over; the handkerchief which she held had a faint smell of chloroform. From the impression on the soft bed it appeared that she had not moved from the position assumed on first lying down. No phial containing chloroform or any drug could be found about the room; but there was lying on the table a piece of paper having the appearance of having been recently used as an envelope for a phial. Having determined to make a more full examination of the body in the afternoon, it was left nearly as found.

At 4 o'clock, P. M., the autopsy was made, being conducted by Dr. J. B. S. Jackson, with the following results. The lividity and rigidity had decreased since the morning. A little bloody froth was noticed at the mouth. On removing the body from the bed, a two-ounce phial was found under the body, containing chloroform, from which (as was subsequently ascertained) three drachms of the fluid had been taken. This circumstance, in connection with the other appearances, showed the cause of death to have been the influence of chloroform. It remained therefore, to investigate what were the effects upon the various parts of the body.

The muscles appeared to be in a healthy condition. The left lung was livid and much congested throughout, but most so on the dependent part. The lower lobe and the posterior portion of the upper, upon the right side, presented the same dark purple color as the left, but the middle lobe and anterior portion of the upper were of a bright scarlet color externally and throughout their substance. This last portion was not congested. The bronchi contained some frothy fluid. At the rima glottidis there was a thickening on each side, with an excoriated surface for about three or four lines. Something of the same kind was noticed in the fauces near to the glottis. The thymus gland was large, its cavity containing a puriform fluid as usual in children. The heart appeared to be unusually empty and was flaccid—the ventricles having lost their convexity, and having fallen into a somewhat concave form. The heart contained a little blood. The blood was everywhere perfectly liquid, with the exception of one very small coagulum in the right side.

The stomach, which contained about ten or twelve ounces, mostly of fluid, with some solid contents, in a state of partial digestion, appeared healthy, except two small patches of congested vessels near the lesser curvature. There was no odor nor appearance to indicate the presence of any drug in the stomach. The small intestines at the upper part, were healthy, having their lacteals crowded with chyle. At the lower part the small intestines were in a state of decomposition, being brown or green in parts, and most offensively fœtid. Nothing attracted attention in the large intestines, which were somewhat offensive, except a deviation in anatomical structure, of occasional occurrence, in that the caput coli was less bound by several inches to the right ileum than is usually the case. The spleen was larger than common, perhaps slightly congested, and a little darker than usual. When incised it appeared somewhat granular. The liver was healthy, and the gall-bladder nearly

empty. The kidneys were healthy—that of the left side, being the lower one, was a shade darker than the right. Bladder healthy.

The brain and its membranes were perfectly normal. There was no congestion of vessels, no change of color or consistence of the substance of the organ.

Some appearances of other organs, which could not arise from the influence of chloroform, are purposely omitted.

It was afterwards ascertained that this person was in the habit of inhaling ether or chloroform for the purpose of producing intoxication ; that she had done so on the evening of the 6th, and that she procured that which was found in her bed, on the same evening. She had eaten supper about 6 o'clock, and retired about 9 o'clock. At half past 9 she was noticed to be in the same position as found in the morning, and did not answer a question put to her by another female occupying the same room, and was supposed to be asleep.

From this narrative it appears to be conclusive that she died from the use of chloroform, the particular effects of which were seen in the congestion of the lungs, and the peculiar oxygenation in a part of them—in the emptiness of the heart, and in the fluidity of the blood. And it is a point of interest that the brain was so free from congestion or other abnormal appearances, especially when considering the stricture made about the throat by the string of her cap. The quantity used was less than is used by surgeons and physicians in daily practice. Hence it would appear that the inhalation of chloroform is more dangerous than it is supposed to be by many. Ought not the vending of this and like agents to be prohibited, as in the case of poisonous drugs, except to the order of a responsible person ? And should not its use be discountenanced except under the supervision of a physician ? It would seem, also, that she did not take the chloroform with a suicidal intention, but in order to drown her consciousness ; but, like some other inebriates, she ventured too near the grave to prevent becoming herself its victim.

ELATERIUM IN ACUTE HYDROCEPHALUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The peculiar virtues of elaterium as a hydragogue cathartic, would seem to indicate its adaptation in the treatment of local as well as general dropsy. I have been much pleased with this remedy in cases of effusion resulting from pleuritis. In the case of one patient, a strong man, effusion had followed an attack of pleurisy, sufficient to fill the right cavity of the thorax to the top of the fourth rib when standing, as indicated by percussion. The respiration was much hurried when at rest ; and the slightest exertion, such as walking, brought on violent dyspnœa.

The patient was directed to take of elaterium, gr. ss., every two hours till it should operate. After the second dose, according to his report—" he vomited more water than he had swallowed in the previous two days ; and also had several watery discharges from the bowels. Immediate relief of the dyspnœa followed." On examination of the chest

by percussion, the sounds elicited were nearly alike and normal on both sides. Its action, therefore, in such cases renders it a valuable remedy, as it removes the water in a few hours, while some modes of treatment would require days.

It is well known, however, that, in cases like the above, there is not necessarily great danger. Water in the cavities of the chest resulting from acute inflammation may be removed by other remedies, or, at any rate, in time by the "powers of nature."

But the result is far different when effusion follows inflammation of the *brain.* And it is in this disease that the remedy under consideration deserves a trial. My attention has been directed to its use in a case recently. The patient, a girl 4 years old, had a severe attack of inflammation of the brain, attended for the first two days with slight symptoms of scarlatina. Leeches were applied several times, which with the other usual remedies afforded temporary relief merely. The disease run rapidly through the several stages, and on the eleventh day seemed about to terminate fatally. The usual symptoms of effusion were fully developed; such as complete unconsciousness, the eyes drawn to one side, the pupils constantly dilated, paralysis of one arm and leg. Elaterium was directed to be given in one-twentieth-grain doses till it should operate. After the third dose was taken, according to the report of the nurse, "she vomited at least half a pint of water, and had several watery discharges from the bowels." She appeared very much relieved. The medicine was continued in small doses. Soon the powers of life began to rally. Consciousness returned. It was several days, however, before she was able to speak. There was slight paralysis of one arm and leg for several weeks after convalescence. But she continued to improve gradually, and at the end of ten weeks was restored.

Now there are several points of interest in the above case. And in the first place, was there really an effusion of water within the cranium? In regard to this question, it may be said, that all the usual symptoms of effusion, which can be ascertained before death, were present. In the second place, how was the water removed? It is true that a considerable quantity of water was discharged. And it is proper here to state that the patient had not been able to swallow two ounces of water in the previous twenty-four hours—on account of apparent paralysis of the muscles of deglutition.

We have all witnessed the peculiar action of elaterium in producing watery discharges. Is it not philosophical to conclude, that by this action water is drawn into the intestinal canal from every part of the body? And if there is an unusual quantity deposited in the brain, when subjected to its potent power, why should not that organ yield up its extraneous contents? Is there such a change in the brain after inflammation and effusion as to render it incompatible with a continuance of its functions, provided the water can be speedily removed?

When we consider the frequency and fatality of effusion resulting from inflammation of the brain, especially among the young, it seems to me to be a subject of great practical interest, and worthy of the most earnest investigation, whether there is a remedy on which we may, with

any good degree of confidence, depend, in the last stage of this disease. I have written these thoughts and suggestions with a desire for information, and, if you see fit, for publication in your Journal.

Somerville, March 15, 1849. Yours, &c.

J. E. Bartlett.

MEDICAL PRACTICE AT THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In my last letter I endeavored to give some insight into the ways and means of doing medical business in the West, and especially the free use of quinine in malarious diseases was dwelt upon at some length, and an attempt was made to explain some of the grounds on which the prejudices against this article were based. Amongst the reasons which were there given for these prejudices, which exist with the people at large, I did not mention the clamor which quacks have raised for their own selfish interests. While we are willing to give some of them all due credit for their ignorance in believing what they solemnly tell their patients, that quinine is a most "*poisonous mineral*," that it is arsenic, in fact, in its worst form, and that it will get into their bones and stay there during their natural lives (which, by the way, will be short), and will account satisfactorily for all the subsequent bad symptoms which ever present themselves; there are others, who with less ignorance, yet more dishonesty, declaim most vehemently against it, but at the same time ply the patient with it in disguise, and use it as indiscreetly as though it were some mild remedy incapable of doing either harm or good. I cannot but think that some very respectable physicians are in error on one special point in connection with the use of this drug. It is a common thing for regular physicians, in answer to the question, supposing you meet with a case of inflammatory disease (phrenitis, for example), and mistaking it for an attack of remittent fever, administer 60 grains of quinine, what would be the effect? to say that no kind of harm will follow—that in truth it is a proper prescription, because the malarious influence would be met by the medicine, which destroys what agency it has in the aggravation of the case; for these men will give (and that very properly, too) quinine in combination with other remedies in a great variety of inflammatory affections of the viscera. In some of these diseases, there is no doubt that the safety of the patient requires its exhibition; but it should be done, in my opinion, with some caution. This doctrine, of a medicine as efficient as the sulphate of quinine, doing neither harm nor good, is in my judgment contrary to all analogical reasoning—contrary to common sense and to common observation. Granting, for a moment, that the doctrine is true that the medicine does no harm when given under a false diagnosis—as, for instance, in phrenitis—does it do no harm in an alarmingly severe disease to rely on an inefficient medicine? Where will your patient be in seven or fourteen days, in phrenitis, with nothing but the quinine given as a remedy? But they may answer, that if the medicine did not allay the fever in 24

or 48 hours, then they might begin to question the accuracy of their diagnosis, and, right about face with their treatment, prescribe the proper articles. But this would be about as dangerous an experiment as that of the hunter who entered the cave in search of rabbits, and found himself in a nest of panthers. Or like the boy who climbs to the top of a dry tree to get at a nest of woodpeckers, and finds, on thrusting his arm into the hole, a serpent instead of the harmless birds. But there is no truth in the doctrine of its harmless character under any and all circumstances. Many well-authenticated cases are on record, where very severe symptoms were induced, and even death itself, by an inordinate dose. A large dose of from 20 to 60 grains taken in health, will in a majority of instances produce decided physiological phenomena. That it will produce a fit of intermittent fever, when thus taken, I have most serious doubts. No, not doubts, I know that it will not, for I have tried the experiment repeatedly on my own person and that of others, too often to be deceived. Its effects are not by any means uniform in like doses and in apparently like circumstances. One person, on taking 20 grains, experiences no appreciable difference in feeling, either in mind or body. Another will have a feeling of pressure on the head, ringing, buzzing noises in the ears, a sense of heat and thirst, an exhilarating feeling, as after taking wine, opium or coffee. This effect will generally be uniform in the individual when in health. A larger dose, as 60 to 80 grains, will produce, in the one who is insensible to a small dose, but little or no effect; while the other will be most seriously influenced, and perhaps life would be endangered. Widely as the operation differs in health, in disease the variation is still more striking. Aside from temperament, idiosyncrasy, habit, and all the other circumstances which may attend the disease, the *modus operandi* will vary greatly. In pure malarious fevers, uncomplicated with local inflammation, its judicious employment is safe and salutary in the highest degree, and even in some of the inflammatory disorders of malarious districts the testimony of a host of discriminating practitioners is given in its favor. But in cases attended with gastro-enteritis, meningitis, or when a strong determination of blood to the brain is present, its employment should be carefully avoided. This is not supposition; I have noted it in practice, and have had confirmation of it in the experience of others. In typhus or the typhoid fevers of malarious regions, its use is indispensably necessary to the safety of the patient, and will often cut short the disease. The same fevers in non-malarious districts are aggravated by it, and often, I am convinced, it has no small share in hurrying on a fatal termination. This depends most probably on the pathology of the disease being dissimilar. The New England States, and also New York, and the hilly and mountainous regions of Pennsylvania, are affected occasionally with fevers of a simple continued, typhoid, or typhus type; and in some seasons the mortality is very great, out of all manner of proportion to that of malarious countries. Now the practice is as different in the two regions as is the true pathology. In the West, the physician may in reality take to himself more credit—may with more propriety say I *cure* fever, than his eastern brother. A careful, temporizing course must mark the practice

of the eastern man. The western physician lays his hand on a potent agent, and without fear makes a dash at the disease and conquers it. While at the East, his boldness, like that of a prudent and wary general, is best displayed in falling into no ambush; in keeping open a road for a retreat, as well as sending out skilful and prudent advance guards to see the way clear for his march onward. Sins of omission are more commendable in eastern than western practice. I will now give my reasons for this. And these reasons are not given loosely, but have grown out of demonstrative evidence. Having practised in both regions and observed the fevers of both countries, I made a series of experiments with the sulphate of quinine, and carried these experiments as far as prudence and humanity dictated. I arrived at a few of the following results.

That in all simple continued fevers, of the synocha or synochus type, if given in efficient doses, of say from 10 to 20 grains, so far from being beneficial, quinine would aggravate all the symptoms. If given in small doses of from 1 to 5 grains, its effects were inappreciable, or but little increased. The time of administration, also, made some difference as to the effect. If given at the onset, in the same way that we would to break up a malarious fever, its action, I found, was not the same as when given at a later stage. In the early stage it would not appear, as a general thing, to have that pernicious influence which was observed later in the course. This may seem strange, until we look a little closer at the pathology of non-malarious or Eastern fevers, which are generally dependent on local contagion, epidemic diathesis, gastro-intestinal hyperemia, the effects of cold on the system—having a wider range of causes by far than Western diseases, which are generally dependent on that wide-spread poison which we term malaria. Now when a case of fever, of a non-malarious nature, has passed into the second or third stage, most likely there is some local inflammation produced, either by the nature of the case, or the bad treatment of the doctor; and this local complaint is either in the meninges of the brain, or the gastro-intestinal mucous membrane; and here quinine will do decided mischief. I could cite a great many cases of this description. A patient, in the third week of continued fever, has a red dry tongue, low muttering delirium, profuse colliquative sweats, a small weak pulse, and great prostration of strength, with all the other symptoms of a bad case of typhoid fever. This state has altered but very little for a week. Or a patient with the above symptoms may have laid in this condition 30, or even 60, days. You prescribe sulphate of quinine for the first time, perhaps as a tonic—and tonics he certainly requires. One grain an hour is therefore prescribed; or what is more generally the case, from 3 to 5 grains every 4 hours. But instead of a salutary operation as a tonic or a febrifuge, a most striking aggravation of the principal symptoms ensues; and unless you withhold the medicine, death may close the scene. This has been so uniform an effect in my practice, that I have ceased to give sulphate of quinine where any evidence of local inflammation existed, especially of the gastro-intestinal mucous membrane, or of the brain. Nor is it the best kind of tonic, in my opinion, in those cases of fever requiring supporting treatment. It irritates the inflamed surfaces, and locks up the secretions

of the sub-mucous glands, without exhibiting any of those tonic qualities which we require in the latter stages of the low forms of fever.

The physicians of the West, who have had great experience in the exhibition of quinine, and in fever, hold dissimilar views with regard to the question of its tonic qualities. But I believe the majority of them do not consider it as a direct tonic or stimulant; and that is most probably true. A sedative it most certainly is. But there are other qualities which render it invaluable as a febrifuge, far above anything and everything which has been used in the treatment of fever; and however much people will clamor when in health against its imaginary evils, when prostrated by disease they will call on the rejected and slandered friend.

Fertile and exhaustless as is this subject, I will leave it for the present, and add something upon the use of other medicines which have had a name and been used as a substitute in malarious diseases.

Respectfully yours, A. B. Shipman.

Indiana Med. Coll., Laporte, Jan. 20, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 28, 1849.

Privileges of Medical Students in Ohio.—An important decision was recently made by the Supreme Court of Ohio, with reference to the rights and privileges of medical students and the schools of medicine in that State. Students of the Eclectic Medical Institute sought admission to the Commercial Hospital, in Cincinnati, upon equal terms with those of the Ohio Medical College; but the Judge decided that they could not be so admitted.

Sources and Benefits of Professional Earnestness.—A more vigorous, practical illustration of the characteristics of a proper medical education has not been given, than may be found in a valedictory discourse at the Medical College of Ohio, March 3d, by John P. Harrison, M.D., dean of the faculty. Earnestness developes the man, makes him happy, renders him useful, creates a favorable notice, draws down blessings on the individual, and lastly, according to the energetic author's philosophy, consummates the great purpose of his earthly mission. Next in value to the propositions upon which the arguments in favor of earnestness are based, the truth of which is apparent, is the brevity of the professor's farewell to the class, which is in excellent keeping with the sentiments it inculcates. Long speeches are as much to be dreaded as a self-limited disease; and the public speaker who has the wisdom to be short and to the point, has, in our estimation, an unclouded prospect of future distinction.

Ether and Chloroform—Discovery and Physiological Effects.—A republication of several papers from the pen of Henry J. Bigelow, M.D., which originally appeared in this Journal and in the Transactions of the American Medical Association, has been made in a form convenient for circula-

tion, and desirable to possess, from the circumstance that the series of papers, in their present order, are of importance in perpetuating the early facts, discoveries and experiments in anæsthetic surgery. A reprint, also, of the same gentleman's practical paper on the employment of a new agent in the treatment of strictures of the urethra, may be consulted with marked advantage. Dr. Bigelow evinces a most commendable industry in medical literature, in connection with extensive scientific attainments.

Rock Island Medical School.—Illinois does not intend to be without her quota of medical education machinery, so actively operating in the other States. Although the idea of a school at Rock Island was ridiculed, when first suggested, the people on the Upper Mississippi are not to be laughed out of a favorite project. Affairs are in a satisfactory train for carrying out the design of the projectors. Such is the enthusiasm of the Rock Islanders, that a public meeting was held, and it was recommended, that a subscription should be opened for the purchase of a lot, the erection of buildings, &c., for the new school. About fifty students were matriculated for the first course of lectures, and twenty are candidates for the doctorate! An address by M. L. Knapp, M.D., President and Professor of Materia Medica and Therapeutics, has come from the press, to which we are indebted for the forgoing intelligence. Dr. Knapp is in buoyant spirits, cheered by the expectation of a complete realization of the hopes of all friends to the measure.

Medical Department of the Army.—We have received official notice that a Board consisting of Surgeons Thomas G. Mower, R. C. Wood and I. M. Cuyler, and Assistant Surgeon Thomas Henderson, has been ordered to convene in the city of New York on the 1st of May ensuing, for the purpose of examining Assistant Surgeons for promotion, and such applicants for appointment in the Medical Staff of the Army, as may be invited to present themselves. The Board will continue in session for a month or longer. Candidates being between the ages of 21 and 28 years, should forward their applications to the Secretary of War, accompanied by respectable testimonials of moral character and physical qualifications. There are nine vacancies existing in the medical department in the grade of Assistant Surgeons.

New England Botanico-Medical College.—From the Worcester Botanic Journal, the annexed information is extracted.

"The bill granting a charter to the New England Botanico-Medical College, under the above title, has already been engrossed in both branches of the legislature of this State, and, in a few days, will unquestionably pass to be enacted. The bill, on the whole, is ample in its provisions, and will place the Institution *essentially* on a level with the medical department of the University at Cambridge, and the Berkshire Medical Institution at Pittsfield. The remonstrance of three delegates, appointed by the Counsellors of the Massachusetts Medical Society, it is true, has availed to effect a *slight* modification of the bill; but this interference, so *manifestly illiberal*, will, we are confident, ultimately turn to our advantage, rather than to our injury. It cannot fail to produce with an enlightened public, a sympathy in our favor; and we shall, at length, secure greater privileges, than we should otherwise have ventured to ask."

The profession in Massachusetts, after an uninterrupted effort of forty years to educate men in the best possible manner for the practice of medicine, may now hang their heads in shame and humiliation. If the Legislature, the fountain of law, has no higher perception of what is due to the intelligence of the age, the floodgates might as well at once be opened, and allow every man to do what he chooses, without reference to the opinions or interests of any.

Carotid Aneurism.—Dr. J. M. Green, of Macon, Geo., has had something of a scientific controversy with Dr. P. F. Eve, editor of the Southern Medical and Surgical Journal, in regard to a case of carotid aneurism, and some remarks on the diagnosis of that disease, published in the latter gentleman's Journal. A pamphtet is now abroad, giving a full history of the difficulty. On account of the historical facts brought together, touching the opinions and operations of distinguished surgeons, and the comments and explanatory items of Dr. Green, the whole is worth reading. We should not presume to decide who is right or who is wrong, when two such doctors disagree.

Lowell Bill of Mortality.—As usual, this is a methodically-constructed document. The number of deaths, in 1848, was less than in the preceding year, although smallpox and dysentery prevailed to an unusual extent. The observations of Dr. Brown, the City Physician, at the close, are very judicious and appropriate. He warns the municipal authorities that there are causes at work, which in a long series of years, unless removed, will produce disastrous effects on the public health.

Rush Medical College.—On the 22d of February, degrees were conferred at this institution, located in the city of Chicago, Illinois. A discourse by Dr. Brainard, the professor of surgery, is represented to have been very able in defence of the science of medicine against the hostility and perpetual warfare of ignorant empirics. Eighteen gentlemen received their diplomas and the degree of M.D. Professor Blaney announced that the honorary degree of Doctor of Medicine was conferred on Thomas Hall, of Toulon, Ill., and James H. Buel, of Williamsport, Ind.

Delegates to the American Medical Association.—The following gentlemen were elected delegates from the Rhode Island Medical Society, to the National Medical Association to be held in May, 1849:—

Dr. David King, *President of the Society;* Drs. S. Augustus Arnold and George Capron, *Vice Presidents;* Drs. Usher Parsons, Joseph Mauran, Lewis L. Miller, Theophilus C. Dunn, *Ex-Presidents;* George L. Collins, Sylvanus Clapp, Asa W. Ballou.

At the annual meeting of the Providence Medical Association, March 5th, the following gentlemen were elected as delegates:—Drs. Lewis W. Clifford, Charles W. Parsons, James W. C. Ely.

Medical Miscellany.—There is a man in Vermont having but one leg, and he has three sons all born in the same condition.—Dr. Gregg, of Manchester, N. H., who disappeared last November, and was supposed to

have been killed, has returned, says the Atlas, to the residence of his father. —The Missouri twins, now exhibiting at St. Louis, are the children of Mr. Benjamin Ross, Texas county, Missouri, and were born on the 16th December, 1847. They are connected from the breast bone and abdomen, and measure twenty inches in height, and weigh twenty pounds. Their connection is such that they stand face to face, heads coated over with fine black hair, and in all other respects perfect in form and feature.—A Glasgow paper states it has been proved that nearly every druggist in that city has been selling as genuine, a preparation of opium (laudanum), one of the most valuable medicines in the Pharmacopœia, so much adulterated that to produce a particular effect upon the system, "one hundred drops must be taken instead of twenty-five."—The cholera has assumed a virulent form at Brownville, Texas, sweeping off from 8 to 10 a day, out of a populatiou of only about seven hundred.—One hundred medical students are said to be attending medical lectures at Woodstock, Vt.—Measles is very common in Boston and vicinity, though not attended with such fatality as marked the disease some weeks ago.—Geo. Kellogg, Esq., of Derby, Conn., has compiled a treatise on dislocations of the shoulder, illustrating the benefits of Dr. Jarvis's surgical adjuster.—Dr. Lewis, of Boston, sailed for Liverpool on Wednesday last. A dinner was given him by his pupils, at the Revere House, and some beautiful pieces of plate presented him as memorials of their regard.—Dr. Wiley is about publishing a catalogue of the different instruments invented by himself, accompanied by engravings, to appear in this Journal.—An adjourned meeting of the Boston Medical Association is to be held this afternoon, at which a punctual attendance is requested.—The seventeen cases of measles in the Boston weekly report of deaths, in to-day's Journal, were all children under 4 years of age.—Dr. Ruschenberger has arrived from China, bearer of despatches for government. Dr. E. K. Chamberlin goes as Surgeon with the U. S. Commissioners to run the boundary line between the United States and Mexico. —The cholera still exists in various parts of Europe, but in so mild a form, generally, as not to excite much alarm.—A commission has been ordered to examine the affairs of marine hospitals, in all things relating to their control, and the collection and disbursement of their fund. Hon. Thomas O. Edwards, of Ohio, and Dr. George B. Loring, of the Marine Hospital, Chelsea, have been called to discharge this duty.

To Correspondents.—The Fiske Fund Prize Dissertation for 1848, a review of Louis's work on Fever, case of Œdematous Laryngitis, and one of mania treated by chloroform, have been received. The insertion of some of the longer of these articles must be deferred a week or two.

Married,—At Astoria, L. Island, N. Y., Dr. F. C. Gray, of Virginia, to Miss H. S. Hunter.

Died,—At Burlington, Vt., Dr. Enos Cobb, 55.—At Bellevue Hospital, N. Y., Dr. Sidney B. Worth, one of the Assistant Physicians of the institution, of typhus fever, 30.—At Brownville, Texas, Dr. Stephen Smith, of cholera. At Brockville, N. Y., Dr. Samuel S. Blodgett, of Ogdensburg, aged 26.

Report of Deaths in Boston—for the week ending March 24th, 94.—Males, 45—females, 49.—Of consumption, 11—measles, 17—convulsions, 4—scarlet fever, 7—lung fever, 4—typhus fever, 2—croup, 1—old age, 2—child-bed, 2—dropsy, 1—dropsy on the brain, 5—infantile, 7—teething, 2—erysipelas, 2—accidental, 2—marasmus, 3—apoplexy, 3—canker, 1—sudden, 1—inflammation of the lungs, 4—inflammation of the bowels, 3—disease of the brain, 1—disease of the hip, 1—disease of the bowels, 1—dysentery, 1—abscess, 1—syphilis, 1—intemperance, 1—influenza, 1—salt rheum, 1—disease of the heart, 1.

Under 5 years, 56—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 8—over 60 years, 5.

Advantage of Tying the Umbilical Cord before delivering the Head after Turning. By J. S. Unzicker, M.D.—I was sent for by a midwife to see Mrs. A———, aged 34 years, and in labor with her second child, at 6 o'clock in the evening. Pains continued at regular intervals, with presentation of the right arm and face, the liquor amnii having already escaped at 5 o'clock that morning. I concluded at once to turn according to Dr. Wehn's method. Placing the woman, therefore, in the knee and elbow position, the actual labor pains ceased, but after introducing the hand, although the foot was more easily found than in turning after the old method, a great difficulty existed in turning on account of the uterus being firmly contracted around the child, and not a particle of liquor amnii present; but by careful manipulation, I succeeded at last in overcoming this tonic contraction of the uterus, and brought down the foot.

The woman being then placed on her back again, the regular pains returned, and as soon as the umbilicus came within reach, I ordered the midwife to tie the cord; and although the delivery of the head was delayed some time, the child was born alive.

This is the second case I have had within a short time, in which I resorted to the above method with success, and hope that in future hundreds of children may be saved, by this valuable discovery of Dr. Wehn's, which before were sacrificed through partial compression of the cord and consequent venous congestion.—*Western Lancet.*

Indiana Central Medical College.—The Indiana Asbury University has organized a Medical Department, to be located at Indianapolis. The following gentlemen compose the Faculty:

Dr. J. S. Bobbs, General and Special Anatomy; Dr. L. Dunlap, Surgery and Surgical Anatomy; Dr. T. W. Cowgill, Theory and Practice of Medicine; C. M. Downey, A. M., Chemistry and Pharmacy; Dr. J. S. Harrison, Materia Medica, Therapeutics and Medical Jurisprudence; Dr. G. W. Mears, Obstetrics and Diseases of Women and Children; Dr. R. Curran. Pathology and Physiology.

The first course of lectures will commence on the first Monday of November next, and continue four months. The following are the fees: Tickets of each Professor, ten dollars; dissecting and matriculation tickets, five dollars each, and the graduation fee twenty dollars; making in the aggregate one hundred dollars.—*Ib.*

Contemplated Reform in Medical Education.—The Secretary for the Home Department in the kingdom of Sardinia has just appointed a committee, composed of Professors Riberi, Berruti, Pasera, Sachero, and of two members of the Medico-Chirurgical Academy, MM. Bertini and Pertusio, whose duty it will be to report upon the improvements which might be introduced in the present mode of teaching medical and surgical science. Dr. Bertini has been chosen president, and Dr. Pertusio secretary to the committee.—*London Lancet.*

New Medical Books in London.—A Dissertation on Scientific Nomenclature, Medical and General; exhibiting the defects, anomalies, errors, and discrepancies of its present condition, with suggestions for its amendment—by R. G. Mayne, M.D. The Best Means of Avoiding Cholera and Fever; the nature and properties of air, &c., by John Kelburn, Surgeon.

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"ON CERTAIN MODES OF TREATING STRICTURES OF THE URETHRA." BY DR. CIVIALE.

Translated from the French, with additional Remarks, by James Bryan, M.D., Professor of Surg. in Geneva Med. College, President of the Coll. of Phys. and Surg. of Philadelphia.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—A few years ago, I had the honor to publish an article in the Medical Examiner, of our city, on "The Treatment of Strictures of the Urethra," in which I described an instrument invented, or partially invented, by me, for cutting permanent strictures. In that article, I advocated strenuously the propriety of this practice, and insisted on the necessity, for the permanent cure of stricture, of cutting freely through the parts. I there discussed the treatment by dilatation, scarification, &c. &c., and attempted to establish the fact that the treatment was both safe and sure. I fell, the other day, upon an article in the "Comptes Rendus," from the pen of the celebrated Civiale, to whose delicate mode of operating on his multitudinous patients, all Americans, I am sure, who have seen him operate, will bear testimony. I have often desired to know how he overcame the numerous strictures which must necessarily occur in his lithontritic practice; and was much gratified to find that he agrees with me, and some others, in the necessity of cutting strictures; that in fact, as a general rule, strictures which have been frequently dilated, and all permanent strictures must be often dilated, become finally impermeable and close; that this is, indeed, the ultimate tendency of the practice. He also agrees with me in considering the operation of cutting *safe*, and not very painful when properly performed; discards Amusat's and others' mode of merely scarifying, and unqualifiedly advocates free incisions. The only difference between him and me is this—he has invented ("to be perfectly safe") an instrument, which, like those of Amusat, *must pass* the stricture, and cuts in the act of retraction. This, you will easily perceive, has the very great objection of being only applicable to passable strictures, while my instrument (which in my opinion, in the hands of any judicious surgeon, is as safe as his), is applicable to all permanent strictures, passable or not.

TRANSLATION.

The work which I have the honor to present to the Academy, is designed to introduce an improvement, which I think important, in the treatment of one of our most intractable diseases. Its utility will, I think, be

obvious, when I present the technical details which are necessary to an appreciation of its object and effects. It often happens that the dilatability of the urethra diminishes, to such an extent, as to make the passage of the urine difficult, painful and even impossible. To overcome these morbid conditions, we generally have recourse to dilatation; and the practice, which is sustained by much experience, is defended by the most distinguished surgeons. But there are cases, unhappily too numerous, in which it is ineffectual. Patients of this class are reduced to the alternative of retaining a sound permanently, or undergoing continual torture from a desire which they cannot satisfy.

These cases are too severe to escape the solicitude of practitioners; hence they have sought, from the most distant periods, to combat these strictures by other means than dilatation.

Cauterization of the strictured part was that which appeared to offer most promise. Its efficacy for a time was announced as certain; but the practice has not been able to sustain itself, in spite of the most ingenious inventions to ensure its proper application.

It has been stated that incisions were useful; but it has been in vain, that the modes of operating from within outwards, or from without inwards, have been varied. The greater number of surgeons have dreaded these operations; among whom, Desault saw nothing but uncertainty and danger, Deschamps regards them as impracticable, and Sabatier himself can scarcely admit their practicability. Established facts, however, authorize a more encouraging opinion. Skilful practitioners have resolved not to abandon it. Near the end of the last century, Physick, in the United States of America, afterwards Arnott in England, Dzondi in Germany, and still later, other French and foreign surgeons, have attempted to rescue the plan of intra-urethral incisions from the discredit into which they had fallen. Their efforts have resulted in dissipating some fears, but they are still wide of the mark.

The older practitioners, and the greater number of the modern, have attempted to make, in the urethra, a species of puncture, by pushing in the direction of the canal, from before backwards, and without guide, a pointed or cutting instrument. This manœuvre is surrounded with difficulties and dangers; and in spite of the countenance which it has received, particularly in England and America, it is not a prudent practice.

Some surgeons, among us, hoped to accomplish their purpose by means of small incisions, designed to divide the *thickened indurated* mucous membrane alone. These have resulted only in a partial benefit.

For these processes others have been substituted, of a novel character. It is from behind forwards, and not from before backwards, that these new instruments operate upon the stricture; and in place of superficial scarifications, incisions long and deep enough to divide the whole of the diseased tissues are made. This is the method which I propose considering.

Accustomed to the use of the most delicate instruments, introduced into the urethra, and taught by my customary practice, the minute anatomy of the organs in health and disease, I have resorted for several years to the practice of my predecessors, and I have, while taking care

that the patients should not suffer by this mode of experimenting, added others. My first researches were followed by results unlooked for, and of some importance ; that is, to restore to our ancient French surgery, the invention of a series of processes which have been, particularly in England, awarded, especially to Hunter and his successors. The neglect into which these now old processes have fallen, does not detract from their value. Scientific truth does not admit of proscription. In pursuing this investigation, I soon found that the instruments used were defective. My first care was to correct their faults, and to invent a process by which we might operate with regularity and precision.

The instruments whose description and figure I present are made on well-known principles, but I have combined them differently and in a way to accomplish a double purpose :—First, to explore accurately the diseased parts, then to divide them with accuracy and safety. I attain these two points in the following manner. The blade is hid in a tube with an olive-shaped termination. The extent to which it passes out of the extremity, and its action upon the tissues, are regulated mechanically, in such a way that no more nor less than is desired can be cut. The operation differs from the ordinary operations in surgery ; the depth to which the blade extends, is determined, not by the pressure of the hand of the operator, as is the case in the use of the bistoury, but by the action of the urethratome itself. When it is arranged as it should be, in each case, we have only to draw it outwards in order to make an incision to the precise extent fixed upon by the operator. Any instrument which does not do this, should be abandoned.

It is by these improved and perfected means that I have, for twenty-five years, treated strictures situated at the extremity of the urethra, and success has been constant, when the incisions have been sufficiently extensive.

Though I have heretofore hesitated to apply this method to the deeper parts of the canal, my doubts ceased when M. Reybard, of Lyons, proved by experiment that our fears are not well founded, and that under the pubic arch, as in the gland, we may without danger, by a single effort, divide the urethral parietes to a considerable extent.

It is not surprising that an operation so bold should encounter opposition ; it is sufficient to remember that this operation is entirely beyond the daily practice of surgeons, who consider the simple contact of the urine with the denuded tissues, a serious matter. Hence they have presented a variety of objections ; now they have exaggerated the real difficulties of the operation, then again they have brought forward others purely imaginary. At other times they have decried the whole practice, in order to proscribe it. With the knowledge and experience which I have obtained, I can the less adopt this system of proscription, inasmuch as the method is not new to me, and it is only necessary to carry the operation to parts, to which I have not heretofore applied it. But one must be convinced in the beginning, that without accidents or danger a cutting instrument can be introduced into the deepest parts of the urethra, in order to make incisions of from six to eight millimetres in depth, and from three to twelve millimetres in extent. The question must be

decided by practice; the facts of which I this day publish the heads, appear to me to be conclusive.

To understand the new method, I have proceeded in the same way, that I did with cauterization when it was tried some years ago, when introduced among us. I took all the necessary precautions, and I have expressed hope or regret according as the result was favorable or unfavorable. I have stated those things which support it, but I am not ignorant that there are points as yet doubtful. I have not expressed an absolute decision, except when the facts were numerous and positive, always pointing out the cases in which we should resort to the operation. Thus, in strictures situated in the urethra near the fossa naviculare, urethrotomy is the general method of treatment. Since 1823, I have not operated on more than thirty patients per annum, and the cure was always prompt and easy.

In the perineal region and at the curvature of the urethra, long or deep incisions need not be resorted to, except for hard, callous and retractile strictures which resist temporary dilatation, cauterization and other means; which in fact yield to permanent dilatation, but return as soon as the use of sounds is left off. During four years I have seen twenty patients in this last condition. All had the disease badly; all had been treated, in vain, by other means. The application of these new processes cured eighteen of them; three were materially relieved; and one died, two months after the operation, under the double effects of the operation and the unfavorable condition of the system.

Theoretical surgery would fear formidable accidents from the operation. Experience proves that those which are connected with the method of operating are rare and not dangerous. It is generally not painful; many patients have declared to me, that they did not suffer as much from the incision as from the forcible introduction of a sound or bougie. This may be accounted for, when it is recollected that the local sensibility, however acute it may be, is modified, diminished, and even ceases, after repeated introductions of bougies. As it is necessary to resort to these in order to prepare the canal for the passage of the urethratome, and also to inform the surgeon of some preliminary matters, in order to operate with safety, very soon all the operations with the instrument may be performed without producing pain. If we add, that the use of the urethratome is confined to hard strictures, which involve a change in the neighboring tissues, a diminution of the circulation, and of the vitality of the part, incision becomes little painful under these circumstances.

Known facts, together with those which I have collected, are not sufficient to solve all the questions connected with this subject; but they prove, certainly, that deep-seated urethratomy augments our therapeutic and surgical resources, and that this improvement is the more worthy of attention, inasmuch as the practice comes in aid of the surgeon at a time when all other means have failed. In some cases, also, it ensures the success of other modes of treatment which are inefficient without the powerful aid of free incisions.

In the work which I present to the Academy, I indicate the different modes of operating which have been resorted to previous to the one

which I advocate. I discuss the conditions under which they are proper, the defects and advantages which appear to me to be inseparable from them. I then describe my own for the given cases. I report the cases treated, with the results. Practitioners will thus have under their eyes the necessary facts, to appreciate the matter, both comparative and absolute; and they can form their opinion, as I have formed mine, by reasoning on the facts given.

CASE OF ŒDEMATOUS LARYNGITIS—DEATH—AUTOPSY.

BY GEORGE L. COLLINS, M.D.

Read before the R. I. Medical Society, and sent to the Boston Medical and Surgical Journal by the Committee of Publications.

Catharine Martin, Irish, æt. about 20, of robust constitution, arrived in Boston 5mo. 10th, 1848, and came to this city the following day. She was attacked with ship fever, and admitted to the City Hospital on the 19th, where she went through the usual course of sickness, though the case was not particularly severe. There was considerable delirium, with some manifestation of local complications about the lungs. On the 9th of 6th mo., while still laboring under some mental aberration, she eloped from the Hospital and walked a mile or more, when she was found and sent to the City Asylum. Here convalescence went on favorably up to the 19th, when she appeared very well, with the exception of a slight cough, and a considerable swelling on the left side of the neck, behind and below the angle of the jaw, which was now in the suppurative stage, and which seemed to have its origin in a lymphatic gland. On the morning of this day she was about the yard, and made no complaint until afternoon, when she experienced a difficulty in breathing, which continued to increase until evening, when it became more urgent. Some simple applications were now made by the nurse, who did not think the case of sufficient importance to send for the attending physician. She retired at an early hour with the other inmates, and remained pretty quiet until about 10 o'clock, when she aroused those near her by her tones of distress. The nurse was immediately sent for, but on reaching the room about five minutes after, she found her already dead.

Autopsy.—I made an examination of the body fifteen hours after death, assisted by Dr. Clifford, who was then in attendance at the Asylum. The throat was the only part examined. The abscess on the side of the neck contained two or three ounces of pus, but it did not seem to have made any injurious pressure upon the larynx. The larynx, with a portion of the root of the tongue and trachea, was now removed, when the cause of death was at once apparent. Both edges of the glottis were affected by œdematous swellings, as was also the epiglottis. The glosso-epiglottic frænum and pouches on either side were considerably swollen. The swelling about the glottis extended into the cavity of the larynx, and spread to the surrounding walls of the pharynx. On further dissecting the larynx, a small abscess was found situated about the posterior part of the cricoid cartilage, a little to the right

of the mesial line. The cartilage was denuded of its coverings, both internally and externally, to a considerable extent. A part of its substance was also destroyed, leaving a notch about four lines deep in its upper edge, and involving about three fourths of the arytenoid facette of that side. There was still pus in the cavity, though a part of it had been discharged through the opening directly into the larynx large enough to admit a small crow-quill. The right arytenoid cartilage was entirely destroyed, with the exception of a small part which gives attachment to the lateral and posterior crico-arytenoid muscles—thus leaving no cartilaginous attachment for the right extremity of the arytenoideus muscle on the vocal ligaments of that side.

STRUCTURE OF PESSARIES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The accompanying pessary has gradually assumed its present form, after many efforts less successful. As unpretending as it may appear, it has nevertheless cost no little time and labor. It has grown out of the necessity of having *some* kind of a pessary, or instrument, for the support of the prolapsed uterus, different from any hitherto employed. The common *round* or *oval* perforated pessary of wood, or glass, as is well known, increases the evil it is designed to remedy. The vagina has not only to support the uterus, but the awkward and ill-contrived instrument itself. Its extreme *hardness* is another matter to be considered in its employment, and a sufficient reason why it should never be resorted to. The last objection may be urged against the "stem pessary," as well as its total want of *adaptability* to the *parts*. It can be worn with no sort of comfort, it being a body perfectly *unyielding* and *non-elastic*. Another objection, in relation to the common "stem pessary," extremely troublesome and annoying to a lady, is the necessary removal of appendages, or straps, in attending to the inevitable calls of nature. An objection of this kind cannot be urged against the *pessary* now offered, as calls of necessity can be complied with, without removing *any* of the appendages. This, I believe, cannot be said of any other pessary. The shield upon it is useful in many respects. First, it allows the wearer to urinate without rendering herself uncomfortable by saturating the appendages. Secondly, it affords a convenient point at which to attach the *anterior* straps or suspender. Thirdly, in case of a *fall*, or any accident by which the instrument may receive a *blow*, it will most effectually prevent it from being driven forcibly upwards, as it rests upon the *mons veneris* and upon the labia. At the anterior *inferior* portion of the pessary, *two* suspenders or straps are attached, neither of which cover the *anus*, but diverging from the point of attachment, pass backward, upward and outward, and are buckled above the hips, or a little posterior to them, to the belt about the waist, while the suspender in front is fastened just over, or in the region of the umbilicus. This instrument has been used by many ladies of the first respectability with complete success. In every instance, it has answered the purpose for which it was

designed. The inventor has had ample opportunity to test its value, during the last year. It has been made to correspond with the hollow of the *sacrum*, and *fit* the parts. Some little ingenuity is necessary in adjusting the apparatus to the comfort of the wearer. When once adjusted, no difficulty need offer on the occasion of its second application. This is referred to for the reason that *awkwardness*, on the part of the person who applies it, might in some instances be charged to the instrument. The Improved Pessary will subserve the purpose of its invention, when well applied. It is not affected by the heat of the body, neither by the secretions of the parts. The secretions of the *uterus* will escape by the hole made for that purpose. It need not press upon the *meatus urinarius* anteriorly, neither upon the *rectum* posteriorly. It answers the purpose better than any other in use.

The material of which this instrument is constructed, has never before been employed for this object. It is made of a material which I term the carbonated mixture. A patent has been applied for. In a few days the instruments will be ready for sale, in this city, and the inventor will be most happy to offer them to the afflicted. J. H. Robinson.

USE OF CHLOROFORM IN MANIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If you think the following facts worthy of publication, as additional to the valuable remarks of Dr. Channing and others, upon the use of chloroform, they are at your disposal.

Some time since, about 9 o'clock, P. M., I was called to see a lady, Mrs. H———, laboring under mental alienation. She had been troubled, for some days previous, with *odontalgia*, for which she had applied various "specifics" of her own and friends' recommending. At this time she did not complain of the tooth, but, occasionally, she would put her hand to the face, grate her teeth and groan; she would then rise, dance and sing, kick, strike, throw a chair, or anything that came in her way, as she was moved either with pleasure or pain. In short, she was perfectly maniacal. She did not know her own husband or any of her friends. Many efforts were made, without success, to persuade her to have the tooth extracted or to take something to quiet her raving. She said nothing ailed her—that she needed no medicine and would take none; and, as to losing her tooth, she had no inclination. It became necessary to keep two or more persons constantly on the watch to prevent her from injuring herself or the things in the room. Under this state of things, I advised her husband to have the chloroform administered as the most certain means of quieting her. It was sent for, and by the assistance of three persons whom it took to hold her, it was administered. She made all the resistance in her power, but in a few minutes she was under its influence. She remained still about fifteen minutes, when she awoke more rational, and was induced to take an anodyne. In a short time, however, she again became delirious, when the chloroform was administered the second time, and she again became

calm. She was now kept under its influence till she was in a sound sleep from the effects of this and the anodyne. She slept quietly from midnight till morning, when she awoke perfectly rational. She then walked half a mile, had her teeth examined, again took the chloroform, and had the defective tooth extracted, without her being conscious when it was done. Since then she has enjoyed a comfortable state of health.

I have been in the practice of giving chloroform for the last fifteen months, to alleviate the pains in parturition, in extracting teeth, and for various other affections, and have never yet witnessed any ill effects from its use.

Respectfully,

Boston, March 23, 1849. E. B. Moore, M.D.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 35, last volume.]

Hæmatemesis, or vomiting of blood, may proceed from one or more of a variety of causes, some of these of much graver import than others. We shall enumerate some of them, and that in the order of their frequency. 1st. Vicarious, or antagonistic hæmatemesis, of which the best illustration is that owing to suppressed or too scanty catamenia. Of this, there are few practitioners but have met with cases. But, occasionally, hæmatemesis of this antagonistic kind seems to originate in the morbid plethora, from which hæmorrhoids and hæmorrhoidal discharges arise, and of which these are the more usual safety-valves, if I may use that phrase. Also hæmatemesis seems sometimes to be vicarious of hæmorrhoids and hæmorrhoidal discharges, already periodic, but which some casualty has, for the time, suppressed.

It is difficult to determine whether mechanical or organic causes are the next most frequent inducers of hæmatemesis, as (for examples of the former) obstruction in the portal circulation, or disease of the heart by either of which the ventricular venous system may become loaded, so as to require to relieve itself by exudation or rupture; or (for example of the second) ulcerous or cancerous disorganization of the mucous and muscular tissues of the stomach, whereby veins and arteries are opened; with, of course, constant hæmorrhage. Aneurismal affections of the ventricular vessels come also under the latter head.

Dyscrasic hæmatemesis comes next in order. It appears to me doubtful whether, in any case, this form should be distinguished from the organic; for although, unquestionably, there are certain diatheses or diseases (as the scorbutic) in which hæmorrhage is extremely apt to occur, or rather, is extremely difficult to prevent, from both cutaneous and mucous surfaces, yet I suspect that in many or all of these cases there is disorganization more or less complete, more or less palpable, of the mucous or cutaneous surface from which the hæmorrhage proceeds; thus bringing the discharge, in part at least, under the head of organic. Therefore, I apprehend, that in all hæmatemesis other than that of mechanical origin, there will be perceived, either with ordinary vision, or by the microscope

morbid changes, more or less extensive and complete, in the mucous membrane of the stomach.

We do not think it necessary to refer to some other rare kinds of hæmatemesis; as, for example, the traumatic, or that caused by some incised or punctured wound of the stomach, through the abdominal wall. These, besides being uncommon, require, from their obvious nature, no explanation.

The occurrence of hæmorrhage into the stomach before vomiting reveals it, can scarcely be diagnosed by the practitioner, since the symptoms are simulated by several other stomachic affections, even of the most ordinary kind. But it is said that the patient who has once been the subject of hæmorrhoids into the stomach, easily recognizes it again, by the feeling of a gush of warm fluid into that organ. This, however, can only be in cases in which the hæmorrhage is of an active character, as that caused by vicarious catamenia or hæmorrhage, or from the rupture of some artery or vein. Passive ventricular hæmorrhages—those, namely, resulting from structural diseases of the heart and liver, and which probably take place, as it were, *stillatim*—are not likely to make themselves felt in the above manner, but only by weight and distention of the stomach, and perhaps by nausea.

The blood vomited affords some indications. If florid and liquid, it is probably arterial; if dark, venous of course. If clotted and dark, and if the patient had no perception of that gush of warm fluid which we formerly adverted to, the hæmorrhage has probably been gradual, and is of a passive kind. If the discharge consists of what is called grumous blood, or resembles coffee-grounds, capillary exudation is indicated, and the prognosis is bad; for from causes not yet well understood, hæmatemesis of this kind seldom occurs, except as a precursor of death. If the hæmorrhage is intermixed with bile and pus; more especially, if, as has happened, a gall-stone has come up at the same time, then it is evident that the discharge is hepatic.

The treatment of hæmatemesis is in some degree modified by the causes of it. When the hæmorrhage is due to suppressed or inefficient catamenia, or to suppressed hæmorrhoids, and occurs in plethoric subjects, it may be proper, not only to use the local means presently to be enumerated, and to place the lower extremities in hot water, but even to phlebotomize the arm or foot. In addition to the above means, we must, in the case of a woman with torpid uterus, foment the pudenda, and administer emmenagogues. (See our former notices under the heads, Amenorrhœa, Chlorosis, Dysmenorrhœa, and Emmenagogues.) With a man used to hæmorrhoids and hæmorrhoidal discharges, but in whom they are suppressed or scanty, a hot semicupium and stimulant suppositories, or injections, should be had recourse to. Internal styptics should simultaneously be administered, such as simple cold or iced water, or ice itself (if procurable); or an alum whey, consisting of a pound of that fluid, in which two drachms of alum are dissolved, and of which a small teacupful may be taken. Rose water may be substituted for the whey or oxymel. A favorite astringent pill in France is one composed of three or four grains of alum, two or three of sang-dragon (calamus draco) and conserve of roses, of

which from one to six or eight may be taken in twelve or sixteen hours. Some recommend, also, the application of bladders containing ice or cold water, externally, to the epigastrium. Such means will usually speedily succeed in hæmatemesis of this indirect and simple kind. The recurrence of it must of course be prevented by anticipating its causes—namely, by re-establishing the catamenia and the hæmorrhoidal discharge, or else by reducing systemic plethora, obviating the necessity for either hæmorrhoids or hæmatemesis.

The passive hæmatemesis resulting from organic diseases of the heart, liver, &c., is, of course, of far more difficult management than the form we have just been considering; for, in the latter kind, we have not only the hæmatemesis to contend with, but lesions chronic, if not incurable, of which it is a mere effect. As, therefore, the treatment of hæmatemesis of this nature is principally or entirely involved in that of the primary affections (which it is no part of our present plan to meddle with), we pass over it with only one remark, that, in hæmatemesis of this secondary kind, we must be cautious in seeking relief by bloodletting, which, practised for its derivant effect, would of course only augment the evil, without any but apparent and temporary relief.

In dyscrasic hæmatemesis, the treatment recommended for the vicarious form may be employed, with the important exception of bloodletting, which is altogether inadmissible. After the hæmorrhage is allayed, a course of treatment for the crasis of the blood is to be adopted, such as bark, quinine, gentian, iron, the mineral acids, animal food, fresh vegetable, fruits, and wine, with pure air and exercise.

Active hæmatemesis, resulting from the progress of cancerous or other ulceration of the internal surface of the stomach, obviously admits of no treatment. Bland aliment and quietude are all that can be prescribed.

In this notice we have omitted (as we intend to do throughout) much extraneous matter introduced by more than one recent writer into the history of hæmatemesis. We shall confine ourselves to indicating the most salient points in each disease and its treatment, neither deeming it necessary to enumerate many supposed remedies now exploded, to advert to therapeutical means little likely to be adopted, or to burthen the reader's memory with an endless variety of premonitory and other symptoms, which, not being peculiar to one disease, afford no ground of individual distinction.

Headache.—We mean to speak of that headache only which has its cause in derangement of the digestive viscera.

Some headaches are purely of a vascular-congestive, some of a neuralgic, character. There are others that surely, though obscurely, depend on stomachic, hepatic, or intestinal derangement, and with the removal of that derangement terminates the headache.

Thus acidity of stomach indicated by heartburn occurs, either unaccountably or in consequence of some injudicious food. Headache follows. We order a bottle of the water of the supercarbonate of potass, or a few grains of carbonate of soda or potass, or a few drops of liquor ammonia sesqui-carbonatis, and the cephalalgia is gone.

Or the stools are colorless, the complexion sallow, the tongue yellow,

with a bitter taste on it, and the bowels bound. All indicates a torpid liver. Headache ensues. We order a calomel-and-jalap aperient, and even before the bowels are evacuated the headache is relieved.

The medicines now enumerated act, so far as we know, on the abdominal mucous membrane, not on the cerebrum, or, if they act on the latter organ, they do so through the medium of the former. Hence it is that we infer, that in these and some other like cases, the cephalalgia is not properly idiopathic, but secondary and sympathetic, with its derangement of the chylopoietic viscera.

True it is that cerebral pain and stomachic derangement may be common results of some cerebral lesion ; but from the circumstance of the stomachic derangement being anterior in time to the cephalalgia (although, of course, posterior to the cerebral lesion on which both it and the cephalalgia depend), the former may seem, but seem only, to be the causal agent or influence. This is not only very possible, but also very probable, and doubtless when our means and abilities of diagnosis are more perfect than they now are, diseases will often be found to originate in organs, parts and causes very different and very remote from the seat of final and overt lesion. But, meantime, where, as in cephalic affections, three of the four prime characters of disease (the rubor, calor, and tumor) are almost necessarily absent, the remaining one (dolor) is our only index, and until we know better, we must, in the absence of the others, consider as the *punctum saliens* of disease that part or organ where pain is first perceived ; and the principle now stated applies to almost our whole present pathology.

Headache from derangement of the chylopoietic organs will be found often to depend on cardialgia, flatulence, and constipation, for the treatment and removal of which affections we must refer to our preceding notices under these heads.

An obscure case of simultaneous cephalalgia and flatulence has presented itself while we write these pages (Jan. 4). It is that of an unmarried man, of eight-and-twenty years of age, holding an appointment in the civil service, which has occasioned his residing for several years in a hot eastern climate. I may notice, that though he has not studied medicine or chemistry, yet he possesses an accurate and a technical knowledge of both, which, I believe, some practitioners do not possess. Before consulting me, he had seen several of the most eminent in the profession in the metropolis.

He himself accuses flatulence as his chief evil, and the cause of his headaches, but expressed his uncertainty whether it was idiopathic and irrespective of what food he might use, and of changes in his food, or secondary, and owing to the causes just named. For even when confining himself exclusively to food supposed to be non-flatulent, the flatus has been generated with its distressing consequences.

These are, a most unbearable feeling of fulness and constrictness about the root of the neck and within the upper part of the thorax ; a sensation as if some body or power from within were pressing out the upper part of the sternum and inner extremities of the collar-bones ; further up the neck, a feeling as if his cravat were tied with choking tightness ; then

headache in both the temples, in the vertex, on the supra-orbital ridges, and in the ears, as if one were boring into his head with a hard instrument. Simultaneously with these sensations in the cranium or cerebrum, or both (and who can say absolutely how far the one or the other, or both of these, are implicated ?), there is a feeling as if cold water were trickling down his fore thighs, and many other symptoms equally anomalous. Sometimes a dull gnawing feeling occurs in the lumbar region. When this happens, experience teaches him to expect that the flatulence and the cerebral symptoms will be milder. He tells me oxalate of lime has been found in his urine ; a deposit, which, if it really occurs so frequently as some practitioners allege, we must begin to consider a normal, not a morbid constituent. I found none of it, but his urine (of the morning) had the gravity of 1028, and a profuse deposit of urate of ammonia and a moderate degree of acidity. He has no heartburn. His eructations are free from sourness or bitterness. His belief that the cephalalgia and other symptoms are dependent on the flatulence, rests on the supposed fact that the eructations relieve the former.

It was easy to recognize in this case hysteria with very serious complication ; and accordingly, on closely questioning him, I ascertained he had a well-marked attack of hysteria abroad. One evening he was seized with a fit of sobbing and laughing, then unaccountable. The constrictive feeling about the neck was but a modification of the globus hystericus. It is not improbable that this affection is, in part, composed of, or accompanied by, some actual spasm of the laryngeal and œsophageal muscles, which relaxing after a time, and allowing readier escape to the flatus, gives rise to the belief that the flatus is the sole cause of the other symptoms, when it is only partially so. In this case there is great reason to doubt whether there impends not or exists not already a serious affection of the cerebrum or spinal cord.

The patient's principal anxiety is to relieve himself from the dangerous necessity of resorting to large and overpowering doses of opium and wine, the only things that have yet given him ease ; which they do, not by curing the flatulence, cephalalgia, &c., but by making him insensible to them. Admonition to refrain meanwhile from these hazardous means was vain : "Cure me of my disease," was his reply ; "while it remains, I must have recourse to wine or opium." The subject of this affection is in vigorous health, his reproductive and digestive organs in more than average tone.

Hepatitis.—Though functional derangements, attended with a secretion of the bile, more or less than the normal, and though hyperæmic states of the liver are common in this country, and in Europe, yet hepatitis is not. Occasionally, no doubt, we meet in British practice with structural affections of the liver, of a formidable character ; but these are chiefly confined to hospitals, and to patients addicted to the intemperate use of spirits. It is in British India that English medical men have the most frequent opportunities of witnessing hepatitis in European subjects.

We shall not here enter into any inquiry (for we have done so elsewhere) as to the precise physiology of the liver, the chemical constitution of the bile, &c. We shall only observe, that there seems to be an

unquestionable antagonistic or supplementary relation between the lungs and the liver. Both excrete carbon, with the important difference, that the carbon, as excreted by the lungs, is oxygenized, and no longer combustible, and that the contrary is the case with the carbonaceous excretion of the liver. We may add that, as has been ascertained, there is a less excretion of carbon by the lungs in warm than in cold climates; and as, therefore, in hot countries the liver must, to a greater or less extent, perform vicarious duty for the lungs, hence one cause of the greater proneness to hepatic disease in tropical regions.

The two most common and most simple affections of the liver, which, though not amounting to hepatitis, tend to it, and will, if unchecked, end in it, are hyperæmic congestion of the hepatic vein and its capillaries, and biliary congestion of the lobules and biliary ducts. These affections may, for a time at least, and while mild in degree, exist, the one without the other. They may, on the other hand, synchronously arise from a common cause, and in all cases the one is extremely apt to induce the other. The meshwork of the two systems of vessels is so intimately interwoven, that congestion, and, if protracted, its consequence, incipient irritation and inflammation, with distention, cannot long exist in the one without being propagated to the other. Of the two affections, biliary congestion is the more serious; for in it there is not congestion merely, but also the lesion of an important secretion. The causes of these affections are various. Disease of the heart, attended with obstructed circulation, is almost invariably accompanied with hyperæmia of the mucous membrane of the stomach, and also of the liver. Duodenal irritations, by causing tumefaction of the mucous membrane of the duodenum, and consequent occlusion of the mouth of the common duct, gall-stones obstructing the biliary duct, too stimulant food and drink, loaded and neglected bowels, &c., seem to be the chief causes of biliary congestion. The causes of these affections (as now stated by us) suggest their respective remedial means, in cases where cure is possible. Of course hepatic affections dependent or organic cardiac disease are very hopeless.

The same causes which produce hyperæmic and biliary congestion may, if acting protractedly, or with great energy, or concurrently with cold, and other causes, give rise to active inflammation—to hepatitis. Of late, hepatic inflammations have been move nicely distinguished and classed than formerly. Thus Bonnet, of France, called attention to that form of hepatitis which, seated superficially, and on the convex side of the organ, involves the peritoneum, and often the stomach, constituting what he calls gastro-hepato-peritonitis. This is a very painful affection, often far more so than the parenchymatous inflammation, though less grave and dangerous. It is to be combated by free cupping and leeching near the seat of disease, purgatives, and the antiphlogistic treatment generally. Mercury, though less strongly indicated than in inflammation of the parenchyma, is yet proper in this also.

Parenchymatous inflammation of the liver has two chief varieties. The former of these consists of inflammation issuing in suppuration. This may be subdivided, first into suppuration, pretty equably diffused

through the substance of the organ, and confined to the lobular substance of the liver, which it does not disorganize; and secondly, into suppuration forming a separate abscess or abscesses; the latter, of course, a serious state of matters. Dr. Abercrombie seems to have entertained the opinion, that suppuration of the liver (of the interior of the hepatic lobules and ducts we presume) was a far more frequent occurrence than is usually supposed, and that it often happens without the cognizance of either patient or practitioner. It is conceivable that the form of hepatic suppuration just referred to, may occur without marked disturbance, and with no very striking phenomena. The case is different in distinct and separate abscess or abscesses. These, if of a size at all considerable, are seldom or never absorbed, and rarely remain so passive as not to occasion unequivocal disturbance, and this continues until the contents of the abscess pass off by the hepatic ducts, or by making their way into the stomach or bowels, or through the abdominal walls, or, with a fatal result, bursting into the peritoneum.

Adhesive inflammation of the liver, or that in which coagulable lymph is poured out around the lobules, the hepatic ducts, the hepatic veins, &c., may have, though in a different way, equally disastrous effects with suppurative inflammation. The lymph agglutinates, and if in large quantity, and diffused through a large extent of the liver, converts into a solid mass and destroys the function of a more or less considerable part of the organ, and this irremediably.

These forms of hepatic inflammation are to be treated with energy. Bleeding from the arm, in plethoric and young subjects, is to be promptly adopted, as well as local bloodletting by cupping. Mercury may be given in doses of from three to twenty grains, at intervals, or in large single doses. In France, the potassio-tartrate of antimony is relied on, and, no doubt, combined with mercury, it is advantageous. On the Continent, also, it is deemed of importance to ascertain if the inflammation is more on the convex or concave surface of the organ. If in the latter situation, leeches should be freely applied round the anus. There, too, they consider warm baths useful auxiliaries, and give freely drinks of taraxacum, nitre, manna, &c.

There is no doubt that many cases of hepatic abscess are owing to suppuration and ulceration of the mucous membrane of the bowels. Globules of pus pass into the hæmorrhoidal or other veins, and are cartied by the portal vein into the liver, and there become impacted, and give rise to abscess. Hence all operations about the rectum are never free from this danger; and it is one among other reasons why we would, as often as possible, decline such operations.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. APRIL 4, 1849.

Anomalous Disease in the Country.—A physician residing at Millbury, Mass., in writing to a medical friend in Boston, under date of March

27th, thus speaks of a perplexing and fatal disease that now exists in his neighborhood.

"There has been a most fatal disease prevailing in this town and in Sutton for a few weeks past. It is something entirely new to all the old doctors. The patient is seized with severe cold and shivering, and in a few moments (in severe cases) becomes insensible. After insensibility comes on (it is not quite perfect in all cases) the patient is very restless, but makes no complaint, further than to say 'O dear,' or 'O my head and back.' There has been one case of death in less than twelve hours after the first attack. Others have lived twenty-four or thirty-six hours, and one case continued two weeks. This last was examined. The internal organs showed no marked disease. The brain was not congested, though I think some pus was found in the ventricles. But the arachnoid membrane covering the brain, the medulla oblongata, and the whole spinal marrow, were found in a highly inflamed state, and contained large collections of pus underneath the whole extent. Those who examined the subject, and they were men who have made many *post-mortem* examinations, both in this country and in France, said they had never seen the like before. A child who died in less than twelve hours after being taken was examined in Sutton last week, but I have seen no one since to give me a report of the case. A man 45 or 50 years of age, one of the overseers of the poor in this town, prepared to go to meeting on Sunday, was taken with this anomalous disease just as he was about to start, and died last night (Monday). A child also died in town last night. The doctors do not know what name to give it, or what treatment to pursue. Perhaps there have been twenty deaths in this town and Sutton, from this new malady, within four weeks."

Since the above was in type, some further particulars of the epidemic have been received from Dr. Stone, of Auburn. He gives to it the name of cerebro-spinal meningitis, and represents the treatment which has been pursued as entirely ineffectual. His paper will appear next week.

Boston Medical Association.—The members were called together on Wednesday, March 28th, for the purpose of ascertaining whether the Association would send delegates to the American Medical Association. It was voted to do so, the number was fixed at twenty, and selected by a special committee, as follows:—A. A. Watson, J. W. Warren, N. B. Shurtleff, R. H. Salter, Le Baron Russell, W. T. Parker, W. W. Morland, G. K. Lyman, C. T. Jackson, A. B. Snow, John Odin, Jr., George Hayward, Jr., F. H. Gray, Charles Gordon, John H. Dix, Geo. Derby, E. H. Clarke, P. M. Crane, F. S. Ainsworth, S. L. Abbot.

While waiting for the list of nomination, an instructive discussion sprung up in regard to erysipelas and puerperal fever, which was conducted by Dr. Channing, Dr. Strong and others. The first gentleman spoke of the fact that erysipelas has not only been wide-spread, but quite fatal. He very justly observed that a history of the treatment of successful cases would be of value to the profession. Dr. Flint inquired whether Dr. Channing took any special precautions in visiting puerperal patients, after leaving those laboring under erysipelas? Dr. C. replied that no disinfecting agents were resorted to—but many hours intervened in such cases before going to the sick room where puerperal disease existed. Some practitioners in Boston entirely refused to visit puerperal patients while in

attendance on erysipelas, for fear of conveying that certain something which proved disastrous to the latter. This subject might be resumed with much profit to the profession.

Extract of Clover.—The Shakers of Canterbury, N. H., prepare a delicate article, which is represented to possess very important properties, by boiling the blossoms of red clover (Trifolium Pratense) till an extract is obtained, of a certain consistency, recognized by them as being the medicinal point, and which is particularly used as an external application in ulcerations. Those who have made themselves familiar with this comparatively new preparation, say that it acts like a charm in altering the condition of the most formidable class of ulcers. Such, in short, are the favorable representations from reliable sources, that hospital surgeons might find it advantageous to use it at once, especially as it is so mild and delicate that no disturbance in the system may be feared, however liberally the extract is applied.

Sick-room Bedstead.—Mr. Nathaniel Carter, of Trumbull street, Boston, an ingenious mechanic, has invented a bedstead frame that will be regarded as an important improvement upon all the contrivances extant, intended to facilitate the movements of invalids while confined to the bed. By the turn of a winch, the upper half raises the patient to any desired angle, and maintains it as long as may be desirable. With equal facility, the lower part is elevated, so as to bend the knees, or give almost any direction to a fractured limb. The whole frame-work is also readily raised or depressed on either side, for the purpose of removing the occupant to a chair or another bed, as the case may be. Other advantages are obtained by this unique construction, of obvious utility, which greatly enhance its value. For hospital wards, no kind of bedstead now in use, we should think, is to be compared to Mr. Carter's—and in the sick chamber of a private family, it would be prized exceedingly. If the price, when manufactured, is within the means of people of limited circumstances, the new bedstead will be extensively patronized. We trust, therefore, that those who control the sales will consult their own interest as well as the circumstances of persons of moderate means, and not suffer the price to exclude this excellent device from the humblest sick room in the community.

Improved Pessary.—We alluded, a few weeks since, to a pessary invented by Dr. J. H. Robinson. Believing it the most perfect and valuable instrument of the kind, offered to the community for the support of the prolapsed uterus, we now propose to speak of it more fully. It is made of a new material, which the inventor calls the carbonized mixture. It is very indestructible in its nature, and unaffected by the secretions of the parts with which it is to remain in contact. It is extremely light—much lighter than any pessary ever before employed, which fact greatly enhances its value. Its adaptation to the organs seems perfect, and we opine that it would puzzle the most ingenious to suggest an improvement. It promises to supersede all other instruments of the kind now in use. The inventor is about to open an office for its sale and application, and we hope he will meet with that encouragement which his invention deserves. A communi-

cation appears on another page, from Dr. Robinson, on the subject to which these observations refer.

Dental Operating Chair.—Mr. N. C. Fowler, of Boston, is the inventor of a novel kind of chair for dentists, that combines a variety of mechanical principles and conveniences. He will take it, we understand, to the Baltimore Dental College ; and if it meets the approval of the faculty of that institution, his prospects will be flattering. The chair is a workshop in miniature, a trunk, and might be a bed also, with a little modification of some of the bars. Travelling operators, and those making voyages, will be essentially benefited by this curious piece of mechanism.

State of New York Medical Transactions.—With commendable promptitude, Part III. of Vol. 7, of the Transactions of the Medical Society of the State of New York, has been published and distributed, since the annual meeting, February 6th. Dr. Stevens's address, a synopsis of which has appeared in this Journal, is the leading paper, followed by one from the pen of D. T. Jones, M.D., of Baldwinsville, On the Diseases of the County of Onondaga. The financial condition of the Society is very satisfactory. A medical prize fund has been raised to $141 62. The following resolution was adopted :—" *Resolved*, as the sense of this Society, that all articles put up for medical use and offered for sale, should be labelled in the English language, giving the names and qualities of the ingredients they contain, and the method of compounding them." Dr. Stevens proposed to recommend General Zachary Taylor, President of the United States, for the honorary degree of M.D., to the Regents of the University ; but a substitute was offered by Dr. Hamilton, which was adopted after some debate. A prize of $20 is offered by the Society, for a tract of not less than four, or more than sixteen pages, which shall most clearly expose the pernicious influences of nostrums or secret medicines upon the health and morals of the community. Dr. Alex. H. Stevens was elected President ; Dr. Alex. Thompson, Vice President ; Dr. Peter Van Buren, Secretary ; and Dr. Peter Van Olinda, Treasurer. Dr. A. Clark and Dr. J. Parrish, of Philadelphia, were elected honorary members. Drs. Wm. D. Purple, Green, Chenango Co. ; Lewis Riggs, Homer, Cortland Co. ; Arba Blair, Rome, Oneida Co. ; and John W. Riggs, Fort Plain, Montgomery Co., were recommended to the Regents of the University for the honorary degree of Doctor of Medicine.

Kentucky Penitentiary Report.—Those who have access to the last Report of the Keeper of the Kentucky State Prison, will be favorably impressed with the order, vigilance, and active humanity which characterize the management of that institution. It seems that one of the barbarities of a former system of discipline in this Penitentiary, was to shave the heads of refractory prisoners, once a week, so that they resembled, above their shoulders, a group of Chinese Mandarins. This has now been abolished. At the earnest solicitation of the present benevolent Superintendent, the law requiring this hebdomadal abomination was repealed, and permission was given to shave the heads of his incarcerated inmates, at discretion, as their conduct might require. Happily the discovery has been made there that maiming, cropping, shaving the head, and the like degrading opera-

tions, do vastly more harm than good. It is impossible to cudgel refractory spirits, such as tenant prisons, into a model morality. W. C. Sneed, M.D., the Physician, has appended to the same document a statistical account of the sanatory condition of the prison, that establishes another fact of moment, viz., that he, as well as Mr. Craig, the agent and manager, is well fitted for the position he sustains. In the year 1848, there were 244 patients in the prison hospital—of whom 128 were cured, 68 relieved, no one died, and none remaining in wards. Yet the hospital is represented as badly suited to the purposes for which it is used. The great and generous State of Kentucky must have an overhauling of the interior, and give the doctor better conveniences for conducting successfully the important department confided to his charge.

Origin of Epidemics.—A paper of sixteen octavo pages, on the "origin of epidemics, and a physical and chemical analysis of their specific cause, on a new theory of matter and form, by J. Wishart, M.D.," has been on hand several weeks. The author is a close observer, and a man of patient research—a fact that is apparent in the pamphlet before us. He wrote on the origin of fevers in the Missouri Medical and Surgical Journal, about a year since—taking this position, viz., "*that the human body could re-produce no miasms but its own*"; and at the close of the essay before us, says that this declaration is fully sustained, "and the hypothesis of contagion must be supported by new arguments or sink into oblivion."

Dr. Brainard's Valedictory.—By request of the class the valedictory to the graduates, a few weeks since, by Daniel Brainard, M.D., President of the Rush Medical College, referred to in last week's Journal, has been published. It simply, but properly, recounts the claims of the medical profession, on the score of what it has achieved for humanity, and on that account becomes an essential page in the medical literature of the country. Dr. Brainard has no rhetorical figures; no sudden surprisals in the way of bold assertions. On the contrary, a quiet, unobtrusive argument characterizes his style of writing, which will always command respect.

Delegates to the American Medical Association.—In addition to the names already mentioned as delegates from this city, the following have been appointed.

From the Massachusetts Medical Society, Suffolk District—Drs. James Jackson, G. C. Shattuck, Jacob Bigelow, Geo. Hayward, Geo. Parkman, Edw. Reynolds, S. D. Townsend, John Homans, Chas. Chase, Ephraim Buck, M. S. Perry, D. H. Storer, A. A. Gould, Samuel Morrill, John Flint, J. Mason Warren, Ezra Palmer, Henry Dyer, Geo. Bartlett, Henry G. Clark, Charles Mifflin, Wm. E. Coale, E. W. Blake, Wm. J. Dale.

Massachusetts General Hospital—Drs. John C. Warren, Jacob Bigelow.

Harvard University—Drs. John Ware, O. W. Holmes.

Boston Lying-in Hospital—Drs. Walter Channing, C. G. Putnam.

Tremont-street Medical School—Drs. O. W. Holmes, Henry J. Bigelow.

Massachusetts Eye and Ear Infirmary—Drs. George A. Bethune, Rob't Hooper.

Boston Society for Medical Improvement—Drs. J. B. S. Jackson, J. B. Gregerson, H. B. Inches, Samuel Parkman, Samuel Cabot.

American Medical Association.—To the Editor, &c. Sir,—I have received notices of delegates chosen by the following societies to attend the next meeting of the American Medical Association :—Peoria District Medical Society; Medical Society of Oneida County; New Hampshire Medical Society; Medical Convention of Virginia; Rhode Island Medical Society; Alleghany County Medical Society; Society of Southern Central New York; Medical College of Ohio; North Western Academy of Natural and Medical Sciences of Indiana Medical College; Indiana Medical College; Strafford District Medical Society; Medical Society of Delaware; Philadelphia Dispensary; College of Physicians of Philadelphia; Philadelphia County Medical Society; Randolph Macon College, Va.; Georgia Medical Society; Medico-Chirurgical Society of Cincinnati; Baltimore Infirmary; University of Maryland; Medical Society of the State of New York; Norfolk Medical Society, Va.; Camden District Medical Society, N. J.; Providence Medical Association; Boston Dispensary; Worcester Medical District Society.

It is quite important for the Committee of Arrangements to receive copies of the names of *all* delegates chosen. It is hoped that Secretaries of all associations who appoint delegates will give notice of the same to the subscriber. Henry I. Bowditch, *Sec'y Am. Med. Association.*

Medical Miscellany.—Drs. Johnson & Bowman, of St. Louis, are the inventors of a new spring lancet, which promises to become extensively useful, provided the price is reasonable.—A new hospital just below New Orleans, erected by the United States, consists of four large buildings, and cost $150,000. They form a square of more than a hundred yards in extent. Their capacity is equal to accommodating a thousand patients.—Ship fever is beginning to re-appear among the emigrants who arrive in southern ports.—Druggists are laughing at the drug law. They suspect, but without reason, that a plan is on foot to have all druggists and apothecaries dependent on some picked men of the American Medical Association for license to sell medicines.—Hooping cough and measles prevailed to an unusual degree at the Sandwich Islands, and the natives were dying in great numbers, at the last advices.—Smallpox prevails somewhat extensively in Vicksburg (Miss.,) and cases have also created some alarm in St. Louis, Cincinnati, Louisville, and Pittsburgh.—Dr. Francis M. Gunnel has been appointed Assistant Surgeon in the U. S. Navy.—Dr. Smilie's history of the original application of anæsthetic agents, delivered at the Castleton Medical College, has appeared in a beautifully printed pamphlet.—Measles is still exceedingly rife in Boston and its vicinity.—Cholera is again creeping up the great rivers of the West, from New Orleans. —The members of the Suffolk Medical District of the Massachusetts Medical Society will hold an adjourned meeting at the Masonic Temple, Tremont street, the last Wednesday in April. A punctual attendance is requested.—A new volume of the American Journal of Homœopathy, at New York, commences with the next number.—The Natural History of New York, now in course of publication, has cost $413,000, in addition to $34,000 contracted for but not paid. The work will cost about $76,000 to complete it.—It is thought that a plot of ground at East Boston should be secured, while it can be had at a moderate price, for a public hospital. The population is destined to be very large in that island, and being cut off from the city proper by a ferry, the advantages of a hospital to a dense manufacturing community, must be obvious.—The Hunterian Oration was delivered on the 14th of February, in the Theatre of the College of Surgeons, London, by Mr. Cæsar Hawkins, in the presence of his Royal Highness Prince Albert, the Bishop of Oxford, Sir Robert Peel, Sir Robert Inglis, and other distinguished visitors, most of the members of the Council, and a large assemblage of fellows and members of the College, students, &c.

To Correspondents.—In addition to papers which have been already acknowledged, there have been received Dr. Stone's account of the epidemic in Millbury, Dr. Dexter's case of Renal Calculus, and Dr. King on the External Application of Chloroform. Another of Dr. Dick's valuable papers on Dyspepsia, which are inserted very irregularly in the London Lancet, but which have thus far been copied entire into this Journal, may be found in this number.

Report of Deaths in Boston—for the week ending March 31st, 76.—Males, 39—females, 37.—Of consumption, 7—typhus fever, 1—scarlet fever, 6—lung fever, 7—measles, 7—infantile, 11—marasmus, 3—erysipelas, 1—convulsions, 2—scrofula, 1—hooping cough, 2—disease of the brain, 1—disease of the lungs, 1—inflammation of the bowels, 1—old age, 1—teething, 2—croup, 2—canker, 1—dysentery, 1—intemperance, 2—dropsy on the brain, 9—brain fever, 1—pleurisy, 1—pneumonia, 1—abscess, 1—suicide, 1—dropsy, 1—inflammation of the throat, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 5—over 60 years, 4.

Health of New Orleans.—The cholera, though gradually and steadily declining, still lingers in our city, and we know not when we shall be able to announce its total disappearance from New Orleans. It has not declined as rapidly as did the epidemic which prevailed here in 1832. Still it retains a feeble hold upon our population, as shown by the deaths from this disease, for the week ending 17th February, amounting to 64, and for the week previous, about 80, thus indicating a diminution of 20 deaths weekly.

About the middle of February, we had several days of rainy weather, when suddenly the wind veered round to the north, and we had a heavy sleet, accompanied with ice more than an inch in thickness. The thermometer fell as low as 26° just before sunrise; and even at mid-day, evidences of the freezing were abundant in our streets. We have not been able to learn that this remarkable, this unprecedented cold weather affected to any serious extent the salubrity of our population; on the contrary, we believe it has had a decidedly favorable influence. During the latter part of February we had our usual mild and balmy weather, which produced a pleasing revulsive effect upon the moral feelings and physical system of the community—the better prepared to enjoy the change, by contrasting it with the previous cold and unseasonable temperature. Whether the cholera superseded or absorbed our usual winter diseases or not, certainly we have been less afflicted than usual with this class of affections.

During the last two or three weeks, immigrants, chiefly Irish, have been flocking to our shores in great numbers; and as might be expected, many of those who embark for our port, sicken and die during the voyage, of ship or typhoid fever—the result of a crowded state of the vessel, a limited supply of provisions of a bad quality, and neglect of personal cleanliness. It has been our lot to board many of the immigrant ships, when they reach our port, and we are surprised that so little sickness and so few deaths are witnessed among them.

In the first place, these vessels are too much crowded; they should not be allowed to bring more than one-third their usual number. The shipping agents at Liverpool and the ports of Ireland, regardless alike of the comforts and lives of these people, drive them on board the vessel, like "sheep for the shambles," too often illy provided with the comforts necessary for sustaining healthful existence, and many of them, at the time of their embarkation, with the seeds of disease in their systems.

Is it astonishing that disease should be generated and propagated among them during a long and boisterous voyage across the Atlantic? Strange indeed, with their well-known want of cleanliness, if some infectious disease did not consign many of them to the bosom of the ocean, far from the sea-girt shores of their beloved Erin. It has been maintained by some English and Irish writers, that typhus is a disease peculiar to the Irish—that it should, in the language of an old sea captain, be called "Irish fever," because this people, from their total want of cleanliness, and habits of life, carry it with them into almost every part of the world. Certain it is, it cannot be developed and propagated to any extent in localities where filth does not abound.—*New Orleans Med. and Surg. Journal.*

Georgia Medical Convention.—A convention of the physicians of Georgia was proposed to be held in Augusta on the 20th of February; the object of which was to "adopt such measures for the improvement and benefit of the profession as they may deem proper."

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FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. XI.—BY CHARLES WILLIAM PARSONS, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

"*Vis Medicatrix Naturæ—How far is it to be relied on in the Treatment of Diseases?*"

——" tenues grandia "——
Horat. Lyric., Lib. i., Carm. vi.

The term *vis medicatrix naturæ* has been misused by some theorizers in medicine, till the truth it expresses has been thrown a little into disrepute. It has been made to stand for a sort of mythological personage, an angel of Hygeia, deputed to guard over the sick, and guide the events of disease by her intelligent watchfulness into favorable issues. In our own day, some speak of the powers of re-action as a set of independent functions, overruling the course of diseases; instead of being simply the result of functions that exist in health, now called out in a peculiar way, or excited in a higher degree, by some unusual, disturbing cause. Hence we hear it said that one person has stronger, another has weaker powers of re-action. In truth, however, the same person, or the same sort of constitution, that resists one kind of injury well, yields very easily to another. The power of re-acting under a shock to the nervous system, and that of repairing loss of substance from a mechanical injury, by no means go together. Children, for instance, easily sink under exposure to cold, or under the shock of a large burn; while they easily repair a loss of substance, as their nutritive processes are active.

In health, we continually see outward disturbing causes resisted by the living organs, and the machinery kept in harmonious play by powers belonging to itself. A blow is warded off by instinctive movements; heat calls forth on the skin a cooling, evaporating liquid; cold rouses the heat-producing powers; sneezing occurs, to throw off irritating particles from the nostrils. All the protective reflex actions to which Marshall Hall's researches have furnished the key, are instances of the same thing. These may very properly be all considered together, and ascribed to a preservative power, or, if there be any virtue in a Latin phrase, to the *vis conservatrix naturæ*. Now, no line can be drawn between these means that preserve the equilibrium of health, and those by which stronger

disturbing influences are repelled, and which we may call remedial, instead of conservative. The causes of disease are disturbing powers, from within or without, that produce greater departures from this equilibrium of health. The resulting diseases show us together the direct effects of the offending cause, and those of the re-active efforts of the system. These last may be considered together, by themselves, and ascribed, for convenience's sake, to a restorative power—the *vis medicatrix naturæ.* Again, these restorative efforts being themselves out of the regular course of things, may themselves be disturbing causes, leading to new attempts at restoration.

The laws which rule the *vis medicatrix naturæ* are very hard to study and understand. The more intricate processes of disease cannot be watched by the eye, and only in certain situations by the ear. They are controlled by a thousand subtle influences, springing from all the mutually dependent parts of our frame, and from the infinitely varied agencies that surround us. They vary in each individual, both on account of "original differences of constitution, which are manifested in no way but by re-action in disease," and of "the particular state in which the economy may be in regard to the integrity of its organs, or the perfection of their functions at the moment when first impressed by the morbid agent. Hence medical experience is endless."* Again, moral considerations come in to hinder the free study of diseases as objects of natural history. There is in severe cases a very general belief that interference is needed; and we cannot sacrifice our patient's health or life, even with the view of gaining valuable knowledge. We cannot experiment with them as with re-agents in a laboratory.

Accordingly, the only natural remedial processes we are really well acquainted with are those which are called into play by causes easily understood, and easily excited at will, and which are directly observable by the senses. Such are the means of repairing mechanical injuries. They have been well described, both by surgical and physiological writers; and the visible facts are pretty well understood, though some points of theory are in dispute.

Our strength of belief here, as everywhere, bears proportion to the completeness of our knowledge. Everybody owns that in the healing of wounds, nature does the work; art only supplies and regulates the conditions. These processes can be seen; their exciting causes we can fully understand; and they can be studied in experiments on animals, which ingenuity can vary at will. In internal processes of disease and natural cure, our knowledge is more limited, and the conviction of a healing intention in them is proportionately weaker. Among the reasons for hoping an advancement in this knowledge, may be named, the improvement in our means of diagnosis, and of tracing the steps of nature in internal diseases, particularly by auscultation—the lessened disposition to think medicines necessary, which allows the physician to observe, without embarrassment, the high authorities enrolled in the list of observers of nature. The in-

* I quote from a manuscript essay of my late endeared friend, Dr. Albert G. Upham, of Boston, who died of typhus fever, contracted during his attendance on Irish emigrants, June 16, 1847.

creased attention to diseases of animals, which we can observe without being troubled by moral considerations, may lead to a better understanding of the natural cure of diseases.

But we have to do with the present, and treat our patients according to the best knowledge of our day.

Now no one will say that in dealing with disease we should leave the sick man to chance, or to his whims and appetites, to determine the conditions under which his system shall work. The only question, in any given case, will be between the two ways of acting now to be named. First, we may come to the patient's side, understanding what can be understood of the laws of re-action, the curative efforts of nature, and with our minds and senses trained to observing them, and merely try to give these efforts a fair chance, to remove obstacles from their way, without introducing any new element of our own among the powers at work. Or, secondly, we may interfere to check these efforts of nature, or to check them in one direction and turn them into another, or excite or modify their operation, or introduce some new agent that shall call forth new movements in the system.

The first of these ways of acting is no doubt the one commonly spoken of as trusting nature. It includes the regulation of outward influences, position, bodily and mental exercise, &c., all that we call hygiene. But we may do much more than this, and still in strict truth be trusting the *vis medicatrix naturæ. We* cannot perhaps see the truth of what Hufeland says: "All healing of disease is effected by Nature; art is only her assistant, and cures through her. Even the direct cure of diseases by means of what are called specifics, is the work of Nature."* We do not understand enough of the *modus operandi* of cinchona in intermittents, for example, to fairly see how this is. But we often know that active medication is used only to remove obstacles to the natural curative powers. An ascites exists; we do not think it best to tap, but trust the absorbents to remove the liquid. We enforce an equable temperature, restrict drinks, &c., so that the intestinal veins may not be too full, may be thirsty for liquid. For just the same purpose, we give blue pill or a hydragogue, to unload the capillaries of the liver or intestinal coats. In both instances, we try, in accordance with known laws of physiology, to lessen the contents of the veins, so that nature's cure may go on. Still, believing such to be the meaning of the Trustees, I shall speak of all such active artificial measures as remedial—as not what is intended by trusting to nature.

How far, then, should the *vis medicatrix naturæ* be relied on in the treatment of diseases? The question cannot be answered systematically and in full. I shall only try to name some principles bearing on the main question, and touch on some of the more important disputed points.

I. The *vis medicatrix naturæ* should not be trusted by itself, when there arise exceedingly severe symptoms, or events in the processes of disease which are immediately dangerous to life, or to some important organ, and we have means of controlling those symptoms or events.

* Enchiridion Medicum. Berlin, 1836. Translated in British and Foreign Medical Review, April, 1847.

Cases of this sort may happen during almost any course of diseased actions, though the general tendency of these actions may be to restore health. There can be no question that we can control many such incidents in disease, though it may be harder to say whether we can directly shorten the diseased processes. Thus it may be doubted how far blood-letting can control the course of acute pneumonia; but it certainly may relieve urgent pain and dyspnœa. But, by relieving the patient from exhausting distress, or the system from immediately sinking under the weight of disease, or by saving some important part from being immediately disorganized, we may give nature a fair chance to work out a cure. We may thus determine recovery, from a disease, over whose essential chain of processes we have no direct power. This is, perhaps, the most important use of stimulants in protracted typhoid fevers. Nature is eliminating the poison in her own way; we sustain the strength, combat the immediate "tendency towards death," and thus give her time to do this. So in the processes of local disease. Almost every one of those events grouped under the name inflammation, may threaten immediately to destroy the part attacked, or life itself. Of course, as these occurrences are incidental and various, we can lay down no general proposition as to their curability; when we have means of controlling them, we must do so, and not trust to nature.

Pain itself may cause death. Dupuytren spoke of children dying very soon after large superficial burns, as dying from a "hemorrhagie de sensibilité." In all cases, with a very few exceptions, pain is to be lessened or obviated, if possible. I cannot thus touch on this duty, without alluding to the wonderful instrument for this purpose lately placed in our hands, in the inhalation of the ethers and chloroform. Before this essay meets the eye of its judges, high authority will have spoken at the great national festival of our profession, on the merits of this discovery. But without waiting for this verdict, we can now positively claim that sensibility can be suspended for a short time, and, as a rule, with no serious consequences. The fact, in its various applications, strongly rebukes the scepticism which would reduce medicine to a mere curious contemplation; and gives the brightest encouragement to hope, that science, while it develops the resources of unaided and unthwarted nature, will also add to the list of cases where art may interfere usefully.

II. The *vis medicatrix naturæ* is not to be trusted by itself, when a known cause of disease exists, which we can remove.

Sometimes, removing the cause is only giving nature a fair chance to act, though very active interference may be needed for this end. Instances are, foreign bodies lodged within the organs (including worms, sequestra, decayed teeth, &c.)—a poison which we can neutralize chemically—any irritant which we can remove from an internal surface or the skin—bad hygienic influences of air, temperature, moisture, food and drinks, clothing, position, physical exercise, mental or moral habits and states. To get rid of these, is only to clear the ground for nature's healing powers to work. How much this may do is evinced, more strikingly than by any other example, in the treatment of scurvy. A disease that taints the whole system, yields to a mere change of diet.

But when the cause of disease springs from some previous derangement of structure or function, if we then actively interfere to remove it, this is not properly trusting the *vis medicatrix naturæ.* Some such causes act mechanically in part, and their operation is best understood. Thus, stricture of the natural outlets leads to retention of liquid in the deeper cavities, and always tends to produce change of structure there. The effects of pressure of tumors, impeding venous circulation, congestion, serous effusions, varices, &c., are familiar examples. But no mechanical derangement can long disturb the living machinery without calling forth re-actions dependent on *vital* laws; and often we cannot explain the very first step of disease by mechanics or chemistry. The vital causes are less understood, but not less important as furnishing indications of treatment. In many cases, the consideration of them is all that gives our treatment a rational character, all that raises it above a mere set of empirical rules, or above systems of practice, like homœopathy, which profess to see in diseases only groups of symptoms.

As a pure instance of alarming symptoms produced by a known cause, in accordance with known laws of physiology, and yielding when the cause is removed, I may name the disorders that accompany teething. Other such effects produced through the nervous centres, are the wandering pains, often relieved by depletion or irritants over the spine, and ascribed to "spinal irritation"—traumatic tetanus—hysteria from uterine derangement. The over-action of one organ or set of organs may follow from deficient action in some other organ or system, connected with the first, as parts of the same apparatus, or as complementary in function. Such instances are the increased action of heart and arteries in anæmia, sometimes offering a deceptive appearance of strength, and leading to most unpleasant mistakes of diagnosis—the increase of secretion from mucous membranes when that of the skin is checked, or of the liver when breathing is impeded.

Now in a large proportion of these cases there is no natural tendency towards a cure. In glancing over the few instances I have named, it will be seen that the secondary disorders often tend to aggravate the original ones which caused them. The animal functions are so mutually connected, that new derangements in one part re-act injuriously on other organs. In those cases, where a cure by *conversion* seems to be attempted, very often the new remedy is worse than the original disease. An ascites or pleuritic effusion sometimes disappears in a night; it is just as likely to be succeeded by effusion in the cranium and death, as by watery diarrhœa or any other comparatively harmless discharge, and recovery. The *vis medicatrix naturæ* acts not by intelligent immediate superintendence of each case, but by general, unaccommodating laws. Again, if we attack the effect alone, we only throw back the first disease on the system with new force. We must watch the re-actions that are set up, see that they are not too violent or in a harmful direction; but when the cause can be safely removed, we can then interfere to advantage.

III. We may sometimes supply the necessary conditions or stimuli to those actions without which health cannot be restored, or which are impaired by disease. Often nature, by means of appetite or instinct, gives

a hint of what these conditions are; and in obeying this hint, we may be said to be only trusting nature. But often she does not do this; and we have a true physiological indication for treatment. Thus, the blood cannot do its duties rightly without a sufficient proportion of iron. In certain diseased states, the blood is wanting in iron. This state tends to perpetuate itself; the poor blood causes all the processes of nutrition to be ill performed, and this, in turn, keeps the blood poor. Physiology and the observation of every physician teach the usefulness of supplying the needful stimulus. The effect of introducing iron into the system is permanent, for the same reason which makes that of anæmia permanent. The nervous system acts more vigorously—the stomach digests better—the capillaries, where nutrition proper goes on, receive the stimulus they need. Yet I have known a pale and suffering female long deterred from supplying this necessary element to her system, because of the re-action that must follow!

The same advisers who condemn as unwarrantable presumption, and sure to be followed by retribution, this use of iron, or supplying to the blood its deficient part, speak of the harsh applications of hydropathy as merely seconding nature. The use of cold water, particularly by the shower bath, and in sea bathing, is undoubtedly of the highest value in chronic anæmia, when it is well borne. But the violent modes of applying water are not at all what we understand by trusting nature. No instinct or appetite leads to them; they are harsh at first, and do harm except as the system, by its inherent preservative power, re-acts against their immediate shock. Practices which bring out *crises*, "of six inches, with thirty-two heads" (anthrax), which wring from their saturated martyrs sulphur and mercury swallowed twenty or twenty-eight years before*—are something more than merely seconding nature.

IV. We frequently interfere actively to excite particular functions by unusual artificial applications; we give cathartics, diuretics, &c., either directly to excite functions which are ill performed, or for some further end. Or, we use general stimulants to excite many functions at once.

It may seem a truism to say that we ought to be sure, before doing this, that we shall do good and not harm—and that our evidence should come either from actual observation of similar cases, or from what we know of the dependence of functions, or both. Yet I think physicians are often deceived by employing terms which seem to explain the reasons for certain strong measures, but which in truth give no explanation at all, and are good for nothing, unless as the facts they pretend to account for are well ascertained. Thus we hear of emetics being given to "break up the train of morbid actions," in cases of threatened fever, or phthisis. If emetics are useful in such cases, let us accept the fact, joyfully, but let us not mystify either doubtful or certain truths by unnecessary, pseudo-theoretical words. Phrases like the above may easily seem, in the physician's mind, to represent principles much wider in their application than the facts on which they are based.

A most important source of fallacy is overlooking the secondary

* See "The Cold Water Cure, as practised by Vincent Priessnitz," &c. By Richard Beamish, Esq., F.R.S., &c. &c.

effects of medicines. Exciting any function will be followed by depression, requiring stronger stimuli another time. Many medicines which immediately relieve urgent symptoms make those symptoms more likely to recur. Antimonials added to expectorant mixtures make the bronchial secretions more liquid, and lower the frequency of breathing, and thus promote the patient's comfort. But if these mixtures are taken for a long time, the antimony causes a feverish irritability, acts as a poison to the nervous system, and alters the constitution of the blood. This last fact explains its usefulness in inflammations, with abundant plastic material. Some remarkable cases of hemorrhage, and a condition allied to the scorbutic, following the use of antimony, are published by Dr. Peebles, of Virginia, in the American Journal of Medical Sciences for the present year. This whole subject of the secondary effects of medicines calls for renewed investigation.

V. The *vis medicatrix naturæ* should not be left to itself, when a disease exists which we have specific remedies to control. There are exceptions to this statement, since there may be contra-indications to any remedy whatever.

Scarcely a stronger instance is known of the power of medicine to really stop morbid processes, without seeming to affect any function, than the use of cinchona in intermittent fevers, uncomplicated by local inflammation. Still the prognosis of simple intermittents is usually very favorable, without treatment. "Severe tertians," says Hippocrates, "determine themselves at farthest in seven paroxysms."* Dr. Eberle, whose opinion on such a subject is of great value, says—"Quotidians, if they are simple and regular, will tend to terminate their course on the seventh day, and tertians on the fourteenth. Quartans will generally run on to the sixth week. The disease will not terminate spontaneously at these periods, but its tendency to do so will be such that, if assisted by a proper febrifuge, it will not only more certainly be arrested, but a relapse will scarcely ever occur, unless the remote cause continues to act on the system."†

Pinel, one of the most accurate and truthful observers of nature, gives us the following results of his own observations in tertian fever. "I abstained from the well-known specific, cinchona; and confined myself to the use of some indigenous bitter herbs. It resulted from my first tabular summary, that of 60 cases of tertian, 36 recovered by the 11th paroxysm (at the 3d, 4th, 5th, &c.); that of the remaining 24, some stopped at the 10th, 14th, &c.; that the most obstinate only, to the number of four, continued to 31 or 32 paroxysms. In the whole 60, only 8 suffered a relapse."‡

Dr. Eberle usually prefers to delay using the specific, till the period when the intermittent would of itself tend to cease. When a tendency to relapse exists, this is particularly important. "I have found agues, arrested after the first or second paroxysm, relapse again and again, until they were suffered to run on to the fifth or seventh day, when a few

* Aphorism, iv., 59.
† Eberle's Practice, i., 109.
‡ Diction. des Sciences Medic., xiv., 253.

doses of quinine put a permanent stop to their progress."* Recamier advises a similar course. The experience of these physicians is worth much more than the fears formerly entertained, on theoretical grounds, of stopping the natural process by which the poison is being eliminated, and thereby increasing the danger of local congestion afterwards.

VI. Among acute diseases, one class, as yet of uncertain limits, comprehends affections which run through a definite course, varied by varieties of constitution, but little influenced by art. When nature has been compromised by the attack of these diseases, she seems to have a set of actions to go through with, which we cannot assist except indirectly, and cannot to any good purpose check. Such are the first class described by Dr. Bigelow, in his essay on self-limited diseases—called by him the *simple self-limited* diseases. Their type is found in the non-recurrent contagious eruptive fevers—measles, scarlatina, variola. In these, art does little more than regulate hygienic influences, and this generally in accordance with the natural inclinations, allay incidental bad symptoms, watch for complications, and sometimes sustain the strength while nature is working out a favorable recovery. In these diseases, in smallpox especially, a desire to second the *vis medicatrix naturæ* has at different periods shown itself in two opposite ways. Formerly the disease being viewed as an effort of nature to throw out a morbid humor, heating and stimulating measures were used, because they favor the eruption. In smallpox this course is now seldom followed. In measles, internal stimulants are still very commonly given—are they not too indiscriminately? I have lately noted the appearance of transient delirium, and very marked stupor, ceasing as the domestic draught of saffron tea was stopped. In scarlatina and variola, a more rational way of seconding nature is by obeying the indications she herself gives—by gratifying the desire for cold.

As irregular members of the same group with these eruptive fevers, may be named our common typhoid fever, acute erysipelas and other erythemata attended with fever, herpes zoster, &c. They cannot be materially shortened by any known treatment; though the erythemata may be limited in their spread from place to place.

Some measures have been recommended as stopping typhoid fever at its beginning. It must be very difficult to establish such a fact, as the diagnosis of the disease at its first onset is always doubtful, and, during an epidemic, cases often occur much resembling it, but subsiding in a few days. Dr. Christison (Lib. Prac. Med.) says, "It is doubtful whether a true continued fever may be cut short at its onset by any means." Louis says, "Experience has shown that well-characterized typhoid is not susceptible of being cut short." Dr. Nathan Smith considers such cases doubtful, and says, "all powerful remedies or measures made use of in the early stage of the disease, are very liable to do harm, and those patients who are treated with them in the beginning of the fever, do not hold out so well in its latter stages." This view was the result of wide observation, as well as of his theoretical idea of fever as a specific disease.

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* Eberle's Practice, i., 118.

Emetics are the measures most commonly employed in my own observation to cut short typhoid fever. There is more evidence, however, in favor of the effects of cold affusion. Some of the cases reported in Dr. Currie's very valuable work, look as convincing as the nature of the case would well allow; but his cases were marked by stronger cerebral symptoms, and less of a typhoid character, than the average of continued fevers in his or our country. Cold affusion with us is seldom used except as a refrigerant, and particularly for delirium or severe nervous symptoms.

I have already hinted that it is doubtful how far this class of diseases extends; it is probable more will be brought within it, as diseases come to be more studied as objects of natural history. Very many diseases of irritation exhibit the over-excitement of some functions rendered necessary by a previous cause, which cause must be attacked first. But those diseases of irritation, in which the consequence lasts though the first cause is removed, so far as we can remove it, may perhaps be brought under the head of self-limited diseases. Such are confirmed epilepsy, tetanus, delirium tremens.

In regard to the last of these affections, much difference of opinion prevails as to the usefulness of opium. That sleep is a most favorable occurrence in the paroxysm of delirium tremens, is well established. That under very different modes of treatment it is very generally obtained within three days, is also well known. But the researches of Dr. Ware, of Boston, have illustrated the natural course of the paroxysm, showing that under these various methods of management it in fact took its natural way, and that, under a purely expectant plan, the desired sleep is very generally obtained within 60 to 72 hours, in uncomplicated delirium tremens. Nay, more, the fatality and duration were both increased in cases where sleep was forced by opium in large doses (giving 24 to 72 grains in the course of 48 hours), or where small doses were given, not enough to have any great influence in procuring sleep (two or three grains in 24 hours). This belief, first announced as the general impression left by a pretty extensive observation, afterwards appeared in the more trustworthy form of the results of numerical computation. (See the subjoined table.*) Dr. Ware's researches show that sleep, particularly if forced by art, is in a considerable proportion of cases not immediately followed by recovery, and sometimes occurs in cases that still prove fatal. In delirium tremens, not complicated by other disease, and not occurring in constitutions broken down by long-continued excesses, he decidedly recommends that no powerful means be used to procure sleep. The papers of Dr. Ware on this subject are favorable specimens of what may be done to illustrate the treatment of diseases, by

*	No. of cases.	Bled.	Died.	Recovered.	Complicated with acute disease.
Opium, large doses,	8	0	4	4	1
Opium, small doses,	7	1	2	5	1
Emetics,	12	1	1	11	2
Bleeding,	2	2	0	2	0
Eclectic,	9	5	3	6	7
Quinine,	1	0	0	1	1
Mercurials,	1	0	0	1	0
Expectant,	29	4	1	28	1

studying their natural history. The results are interesting, as showing a case of pure irritation, not stopped by removing the cause, and that runs itself out, if not interfered with, more safely than if we try to quiet the irritation. In the treatment of this class of diseases, generally, more can be accomplished by allaying the irritability, and attacking the predisposing causes, than by directly trying to subdue the existing excitement.

VII. Inflammations figure so largely among the diseases we are called to treat, that they deserve special consideration here. Much breath and ink have been wasted, in inquiring whether inflammation is or is not a restorative process. The question has been discussed most intelligently with reference to inflammation following mechanical injuries, where we can get at more of the elements of the case, than in internal diseases. It has been satisfactorily shown that inflammation is not necessary to the healing of wounds, but is in many instances a hindrance to the true reparative processes. It is matter of observation that wounds may heal without redness or heat, without pain except what is left from the injury, without accumulation and delay of blood in the capillaries, or increased action of the arteries—and that healing beneath a scab, or by the so-called modelling process, is interrupted when these signs of inflammation appear. Sometimes, on the other hand, wounds or ulcers will not heal till the organizable elements of the blood are specially increased, as by inflammation. So in internal diseases—after ulcerative perforation of the intestine, inflammation is the great source of danger if it spread along the peritoneum, and at the same time the only safeguard if it stop after sealing up the opening by lymph. Inflammation is not essentially and constantly either restorative or hurtful.

But it generally tends to spread along continuous textures; we can seldom be sure, except in certain specific cases, that it will not go on to disorganize the part it occupies, or permanently disable this part; it makes the part more liable to inflame again; it affects the constitution of the blood, and the powers by which its elements are produced; it tends to produce secondary inflammations in other parts. This last fact has been most fully brought out by the researches of M. Louis. Then inflammation may by each of its processes do immediate immense harm, may block up the air-cells in the lungs or the lining of the glottis, may deposit an opaque spot in front of the pupil. Its tendency to propagate itself, and run on into further evils, makes it one of the worst forms in which the power of re-action can show itself. Practically, there are very few cases in which it is not desirable to check or moderate inflammation.

How much we can do to cut short the series of actions grouped under this name, is doubtful. As the means most confidently recommended, let us consider the effects of bleeding. Nowhere has the fallacy more prevailed of overlooking the secondary, in the immediate effects of treatment. Some practitioners and writers speak very confidently of stopping or shortening inflammation by bleeding. "In many cases of cynanche tonsillaris, an early and full bleeding will have the effect of arresting the inflammation, and thus of saving the patient from much suffering if not danger. Even when the arrest of the disease is not effected

by it, the inflammation is reduced in violence and shortened." I quote the above (from Condie's notes to Watson's Lectures on the Practice of Medicine) to show the off-hand, confident manner in which many physicians, those of the English school particularly, speak of inflammation as controlled by bleeding. On the other hand, certain French observers of this century set forth, as the result of facts, observed with most patient industry and marshalled in tabular views, that with them bleeding seldom cuts short, and has a slight power of shortening, or rendering less fatal, many inflammations where most good is commonly expected from it. And certainly, the observations from which these inferences are drawn deserve great confidence, from their completeness and conscientiousness. Impressions remaining on the mind, not confirmed by detailed records of cases, are more to be relied on as showing the immediate, striking results of a remedy, than the after-effects, the secondary re-actions, the sum of all the successive changes this remedy calls forth, and their aggregate influence on the disease in its whole subsequent course, and on the health in after-life. Now, we have ample testimony—every physician has it from his recollections—that bleeding may immediately relieve urgent symptoms, and in this way may save life or an important organ. This comes under a head we have already considered. It is quite another question, how far it can control the whole after course of those morbid processes called inflammation.

I believe that in this country the habit of recording all cases of disease is not so general as in some other parts of christendom; and that we judge too often from vague impressions of facts that have been observed, recollecting most vividly, of course, the striking results of remedies. It may not be amiss, then, to note observations made eleswhere, in centres of science where the "numerical method" is more highly honored. It is gratifying to find they confirm the belief which has been bequeathed to us from past centuries, and which the scepticism of a few years can hardly shake. The statistical results which I wish to quote, relate to acute pneumonia. In this disease there is a double indication; bleeding lessens the duties required of the diseased organ, as well as the force on the general circulation.

The first work of Louis on this subject* gives the result of 78 cases of pneumonia, observed by him at La Charité, in Paris; of these cases, 28 were fatal, or a little over one third. The following table shows what relation existed between the time of the first venesection, and the duration of the disease, in those cases which recovered.

Day of 1st Bleeding.	1	2	3	4	5	6	7	8	9
	10 3	7 3	19 3	19 3	28 2	13 1	24 2	19 2	35 1
	12 2	10 2	29 3	12 2	17 3	15 2	12 4	12 1	11 2
	14 2	12 2	20 2	15 2	40 2	23 3	19 2	18 1	17 2
			20 2	22 4	13 5	35 5	18 2	20 3	30 3
			15 3	12 4	21 2	17 2	15 2	13 2	
			17 4	21 2	13 2		27 2	21 2	
				25 3					
				28					
				40 2					
				16 2					
				12 4					
Average,	12 2 1-3	10 2 1-3	20 3	20 3	22 2 2-3	21 2 3-5	19 2 1-3	17 2	23 2

* Recherches sur les effets de la saignée dans quelques maladies inflammatoires. Paris, 1835.

In each of the preceding columns, the figure at the top indicates the day when the first bleeding was made; below, the left hand figures indicate the duration of the several cases, the right hand figures the number of bleedings in each case.

In making two groups of these cases, group No. 1 consisting of those bled as early as the fourth day, group No. 2 of those not bled till the fifth or later, we should find the average duration of those in group No. 1 not quite 18 days, of those in group No. 2 a little over twenty. Those of group No. 2 had one incidental but important disadvantage—they were not brought under a proper regimen so early as the others. Very similar results follow from the records of twenty-nine cases observed at La Pitié, Paris, by Louis. The several symptoms had a duration proportioned to that of the disease itself, being decidedly amended after bleeding, mostly in those instances where bleeding was practised near their natural period of subsidence.

The important conclusions from his researches are thus expressed by M. Louis, whose cautious spirit of induction may better be trusted than others who may deal with his facts. "First, Bleeding has a favorable influence on the course of pneumonia; it shortens its duration; this influence is, however, much less than is commonly supposed, so that patients bled in the first four days of the disease recover, other things being equal, four or five days sooner than those bled at a later period.

"Secondly, Pneumonia is not cut short by bleeding, at any rate in the first few days of the disease. And, if the contrary opinion has been held, it is doubtless because this affection must have been confounded with some other; or because, in some rare instances, the general symptoms rapidly lessen after a first bleeding. But even then the local symptoms none the less continue to advance, in most cases."

M. Grisolle gives very similar results from observations made in 1836.* In 18 out of 50 cases, bleeding produced a more or less rapid amelioration in the inflammatory symptoms. As to the remaining cases, in 18 the disease made rapid progress, in spite of the bleeding, while in 14 it remained stationary at the same degree of severity; so that the influence of bleeding on the course of the pneumonia was null or doubtful. In no case, by the most profuse bleeding, was a severe pneumonia cut short, when treatment was begun on the first few days of the disease. The researches of M. Grisolle confirm those of Louis, with regard to the influence of bloodletting on the duration of the disease and of the characteristic symptoms, and also as to the greater usefulness of bleeding when practised early.

From many parts of continental Europe, accounts reach us of hospital practice there, in which the usual active measures recommended in all our text-books are not employed. Acute pneumonia is placed under good hygienic influences, and left in the hands of nature, with some nominal medicament, to amuse the mind, and secure obedience to the hygienic rules imposed. Such is the treatment of Magendie, at the Hotel Dieu of Paris. In Germany, where homœopathic management has been quite common, an expectant course is often followed in certain hospitals. The

* See Journal Hebdomadaire.

comparative results of homœopathic treatment under Fleischmann, and of treatment by Skoda, with a little *extractum graminis*, and occasionally experimental remedies thrown in, are given in the British and Foreign Medical Review for October, 1846. Of 19 cases under Fleischmann, having an average of 24 years, 3 died; of 45 cases under Skoda, 3 died. In acute inflammations, venesection had for three years been rarely used by Skoda, other modes of bleeding not at all; average mortality, 13.7 per cent.; average age, 25.3. The great advantage of not bleeding is, in his opinion, the more rapid recovery. The results of treatment in these two hospitals at Vienna have derived an interest from the wide publicity given to those of Fleischmann, as specimens of the superiority of homœopathy. The paper in the Review referred to, is by Dr. G. W. Balfour, of Edinburgh, who observed the cases himself, and shows that the average results of treatment almost or completely inert, with attention to hygienic rules, were more favorable than those exhibited in Fleischmann's published tables, notwithstanding several incidental circumstances that gave the latter an advantage. The diseases presented a less sthenic character than those of Great Britain.

Magendie, in his wards at Hotel Dieu, Paris, has seldom used the lancet for some years past; the same is the case in the House of Industry at South Boston, though severe cases of acute pneumonia frequently occur. I have thought the above results of observations in other places might be presented with advantage to physicians in our own State. I should be sorry to be supposed to think that they warrant any of us in this day in setting aside opinions sanctioned by so long experience, under such varied influences, and under so competent observers, as those which inspire confidence in the use of bloodletting.

CEREBRO-SPINAL MENINGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

This disease has prevailed to a frightful extent, for the last four weeks, in the towns of Sutton and Millbury, in this State. The first case was that of a boy 10 years of age, in Sutton. He was suddenly attacked with entire prostration of reason, delirium, intense pain, spasms, great coldness of extremities and whole body, with collapse of the vital energies. After a rather imperfect re-action had taken place, petechia, or a mottled state of the skin and surface, made its appearance, which led to the conclusion that the character of the disease was a more aggravated form of typhus, or the spotted fever that ravaged portions of New England in 1810 and subsequent years. But other cases occurring in rapid succession, and with such fatality, led to the suspicion of a more alarming and deadly disease than even that fatal malady.

The prevailing features in this epidemic are strikingly coincident with that which has prevailed so extensively and fatally in France and Ireland, and other portions of Europe. The majority of cases have been among boys, but according to the number, more male and female adults have been its victims than in Europe. One case, a boy, 5 years old,

terminated fatally in the short space of ten hours from the time of the first-discovered symptoms; one case in thirteen hours; and others in twenty-four hours. This, added to the circumstance that males and females of upwards of 60 years have been its victims, would make it appear to be of a more mortal character than either of the epidemics of Europe —as the shortest period there of termination, out of hundreds, was fifteen hours.

With one or two exceptions, every patient has been suddenly prostrated with loss of reason, rigors, extreme coldness of the extremities and lividness, loss of vital warmth, pulse small and thready, severe pain, convulsions and spasms, especially of the neck, attended with rigidity. The state of delirium and restlessness has been so extreme in most cases, as to require from four to six attendants to restrain the patient. In those patients that continue for three or four days or more, re-action, more or less perfectly, takes place; the pulse is irregular, small, tremulous and intermitting; the pupils dilate or contract, according to exposure to light; the delirium gives place to coma; "the *powers of speech and deglutition fail*"; the teeth become covered with a foul sordes; the breath offensive; typhoid symptoms, more or less severe, take place, and death closes the scene.

Fourteen deaths occurred in rapid succession, before any *post-mortem* examination could be obtained. This was a case of a male adult, which terminated on the thirteenth day—of longer duration than any previous case. The symptoms at times were so far mitigated as to afford hopes that convalescence would permanently take place; but the flattering and lucid spells proved short and transitory. The same state has been manifested in others. In this case, the vessels of the arachnoid were engorged with dark blood, and the entire membrane covered with a thick purulent matter. Sero-purulent matter was found in the ventricles and at the base of the brain. The medulla oblongata and spinal cord partook of the same lesion and showed the same traces of diseased action. No lesion was found either in the lungs, thorax or abdominal viscera. The stomach and bowels appeared healthy, discovering neither inflammation nor ulceration. The results in this case showed most unequivocally the disease to be that denominated, in Europe, cerebro-spinal meningitis. As all the other cases, although not examined autopsically, strictly resemble this, and each other, in all their leading features and symptoms, it may with propriety be considered to have received its proper appellation.

The case of the boy, 5 years of age, Mr. Hall's, which terminated in the short space of ten hours, although the most suddenly fatal, was not taken so violently as either of the others; delirium did not come on until within three or four hours of death. He was sent to town in the morning and was measured for a garment. During this time the lady noticed he appeared very cold and shivering. A degree of debility was so manifest that assistance was necessary to extend his arm to finish the measurement. The child, during all this time, made no complaint. Yet the rigors and coldness appeared so great that the lady was more than half inclined to suspect it might be feigned. He went home himself, when every symptom became more and more aggravated, and death

took place at 6 o'clock on the same evening. All remedies and means used were utterly unavailing; re-action could not be produced, and never took place; the first collapse proved a fatal one. In this case the disease run its course in so short a time, that much lesion might not be expected; and though every part was examined scrutinizingly by twelve physicians, it was hard to account for the cause of death, so little diseased action was manifested. As in the other case, great vascularity of the arachnoid was prominent; the substance of the spinal cord, instead of being indurated as in the other case, was softened almost to a pulp. No purulent matter was found either in the ventricles or the base of the brain, or spinal canal. The viscera throughout, with the stomach and bowels, were in a perfectly healthy state.

The question naturally arises in this case, where did death commence, what its character and cause? That it is an epidemic having its cause in the atmosphere, there can be no room to doubt. But why such a deadly epidemic should here arise and hover around this small extent of country, without seeming to spread, there is no means of knowing. There is apparently nothing in the geographical and physical situation of the country, to generate any such cause, any more than in the neighboring towns. *But what can be its cause?* That it is a miasmatic or aerial poison, of a most subtle and deadly nature, every case combines to prove. From the very consideration that every case has been suddenly attacked without any premonitory symptoms, in apparent good health, the striking similarity and uniformity of every symptom, and the onset of the malady, all go to prove this in a most conclusive manner. The characteristic features in every case are such as to show the effect of some sedative and deadly agent upon the cerebro-nervous system. The sudden and extreme collapse, great agony, and indescribable restlessness, that are so uniformly manifested in the congestive fevers of the *miasmatic* districts of the western and southern States, show the cause of the two diseases to be one and the same. But the question will be asked, why is its force of action and lesion confined to the meninges in this disease, any more than in the general congestive fevers of the malarious districts? This problem we are unable to fathom. We have witnessed death as suddenly in congestive fever of the West, as in the case above mentioned, when no lesions or disorganizations could be found; only an engorgement of the bloodvessels of the vital organs, and functional derangement. A poison so sedative in its nature as to paralyze all nervous energy and sensibility to external feeling, is sufficient to suspend the muscles and powers of respiration, arrest the flow of blood to the heart and brain, and produce death by *apnœa.* In this way we account for the death in the boy whose case is detailed above. That death may be occasioned by the mechanical disarrangement and impediment of the vital machinery, by the sedative action of malaria or other deadly poison, paralyzing the vital energies of the nervous system, is well known to every physician who has practised ten years, either in the southern or western States, however much the idea may be *sneered at here.*

Every case thus far has proved fatal, amounting to nineteen or twenty; and no plan of treatment has yet been attended with any success, either

in arresting its progress or modifying its paroxysms. We should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease, aided of course with strong counter-irritants or the actual cautery itself. All suggestions, however, of this nature, may seem gratuitous at present, as in all probability some further notice will be taken of this epidemic. A. Stone, M.D.

Auburn, Mass., March 30, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 11, 1849.

Meeting of the American Medical Association.—Fortunately for the Association, the legislature of Massachusetts have granted the use of the State House, in Boston, for the approaching anniversary. The location is not only exceedingly imposing, affording a grand panoramic view of surpassing beauty, but the elegant accommodations within, in connection with numerous committee rooms, besides the attendance of a corps of trained pages, to keep everything in good condition during the session, induce us to believe that in this respect our distant medical friends will have no cause for complaint. Dr. Bowditch, the Secretary, is constantly receiving names of delegates from abroad, while the reception committee are active in arranging the business confided to their care. From present indications, there will be a gathering of the profession from Texas to Maine, and from the Atlantic border to the territory of Menasota.

Fracture Tables.—That persevering man, Dr. F. H. Hamilton, of the Buffalo Medical College, has brought out, in a pamphlet, the results of treatment in one hundred and thirty-six cases of fracture, under the title of *Fracture Tables.* There are too many columns of figures to grapple with, or a large part of the work might have been transferred to these pages; but, though we cannot publish his researches, in detail, it is due to the activity, skill, and ingenuity of the author, to say that he is destined to become very prominent authority in Western surgery. For the purpose of determining the average results of treatment in fractures, he collected one hundred and thirty-six cases from various sources—from hospitals, charities, private practice, and the Colleges of Western New York. An especial object was to make the tables, in the language of the industrious inquirer, a fair representation of the results of the practice of skilful surgeons. Dr. Hamilton says that a shortening of half an inch in the lower extremities, will frequently produce a manifest halt, while, on the contrary, he has seen a shortening of an inch entirely concealed in the gait. Within a small compass, in the modest form of marginal notes, a very curious collection of practical hints and facts are accumulated, which will prove acceptable guides to practitioners of surgery, in the way of showing precisely how certain kinds of fracture were managed, and the phases they assumed in the progress of recovery or degeneracy. With these observations, we recommend these tables to the consideration of those at all interested in operative surgery.

Ship Fever—Cause and Prevention.—Messrs. Fowler & Wells, of New York, have published the sanitary regulations to be observed on ship-board, written by the late Dr. Andrew Combe, of distinguished memory. It is not a new thing, but an excellent old one, reprinted here for popular reading. But as emigrant vessels usually come from England to the United States, the disease of which the paper treats being almost exclusively confined to Irish emigrants, the great market for this reprint would seem to be at Liverpool, Dublin, Cork and Galway, instead of the United States. Still, the disease creeps insidiously into the interior of our country, follows the rivers and canals, and in short pursues the emigrant in all his travels, and in its course sweeps off great numbers of our citizens. If people most exposed to the influence of ship fever would read and be influenced by the wholesome advice inculcated in this and some other similar productions, human suffering would be very much mitigated, and human life prolonged. But, alas! all cannot read; nor will those who can, always profit by the admonitions of benevolent physicians.

Congressional Minority Ether Report.—This document, signed by the Hon. Fred. W. Lord, of New York, and Hon. John W. Jones, of Georgia, is of peculiar interest. Those who have had the first, should by all means peruse the second. A mass of testimony is brought together in relation to the early discovery, experiments and suggestions, on the matter of etherization. Nothing has made a greater sensation in the world of science, since the promulgation of the benefits of vaccination, than this extraordinary discovery. We understand that Dr. Jackson is well satisfied with this report. A more remarkable controversy than this does not belong to the history of medicine. But our readers are not generally desirous of seeing more of it in the Journal. One of them complains, in a letter, at the space which has been given to the subject, and adds—" I candidly feel that the abettors of these ether gentlemen are under solemn obligation to make their *amende honorable* to the profession, as a body; they may soon have the opportunity, through the convention now expected at Boston. If wrong, I am willing to be made right; but these are my thoughts, and I have read more than I will do again, unless I alter from my present determination."

University of Missouri.—Thirty-eight students of the medical department of this University were recently graduated, with the degree of doctor in medicine; five admitted *ad eundem*, and honorary degrees were conferred on Drs. Henry C. Wright, of Missouri; J. W. Hollowbush, of Illinois; G. Jayne, do.; W. B. Maxon, of New York; and Herod W. Hudnell, of Missouri. The discourse of Thomas Barbour, M.D., Professor of Obstetrics, &c., on the occasion, was in keeping with his reputation for strong practical good sense, and it appears to have been received with much satisfaction. It is replete with beautiful passages, wise suggestions, and abounds with those elevating sentiments on which professional reputation and usefulness necessarily depend.

Baltimore Dental College.—Valedictories are becoming as common as introductories at all the schools of medicine and their collaterals. It is a good idea to make an impression on the plastic minds of youth, as they are launching their bark upon the broad ocean of professional life. Beginning

with the imperative command—*know thyself*, Dr. Cone, Demonstrator of Practical Dentistry in the Baltimore College, pronounced a valedictory that is full of sound doctrine, good sense and every-day philosophy. It is a rare quality to be able to say excellent things on appropriate occasions, which this gentleman has admirably accomplished. The degree of interest we have invariably felt in the success of the College of Dentistry from the beginning—which was regarded with distrust by scores of distinguished dentists—has never been concealed, and is still retained.

Electropathic Guide.—A half-yearly journal of 138 pages, devoted to electricity and its medical applications, by Dr. A. Paige, was recently published by Messrs. Damrell & Moore, of Boston. It contains a singular collection of facts, illustrative of the value of that mighty agent in nature. As the profession are fully persuaded of the value of this mode of treating many diseases, it would be strange if the public did not peruse this guide with much interest.

Buffalo Hospital.—Of the necessity for the establishment of a hospital of the first class in the great and growing city of Buffalo, no one at all acquainted with the locality of the place, its immense lake commerce, the traffic of the canal—giving employment to thousands of men—can doubt. A project for the accomplishment of an object so desirable, in which it would seem that all persons of ordinary benevolence could unite, was progressing very favorably, when the wheels were quite unexpectedly clogged, for a time. A few medical gentlemen have distinguished themselves by a remonstrance to the Legislature against an endowment, if not a charter. This is represented by themselves to have been done in the fear that the professors of the medical school would have too controlling an influence over the hospital, and make it a tool for their personal thrift and aggrandizement. Surely, if the hospital is ever brought into being, it must be admitted that the teachers of medicine and surgery would be the most competent persons that could be selected for serving the patients. It is a narrow-minded policy that stands in the way of a decided public benefit, for fear that by some possibility it should become a monopoly. There can be no baneful permanent monopoly in this country. Oppression and selfishness are soon discovered, and promptly overcome.

Calisthenic Chest Expanders.—An ingenious instrument is manufactured in Boston, for enlarging the capacity of the chest, of which Messrs. Philbrick & Trafton, druggists, Washington street, are agents. For persons of sedentary habits, students, clergymen, book-keepers, clerks, &c., it promises an immense benefit at a trifling expense. Dumb-bells, those ugly, unphilosophical contrivances for making feeble persons unnecessarily fatigued, are quite eclipsed by this simple, yet excellent contrivance. In schools, especially for young ladies, the calisthenic expander should be introduced, since the lungs are the first organs to suffer where numbers are confined to one apartment. As preventives of such a result, ventilation and the species of exercise required in the use of this instrument are invaluable, and should go together.

Dr. Carter's Pulmonary Balsam.—To the Editor, &c. Sir,—The following is the composition of a medicine called "Dr. Carter's Compound Pulmonary Balsam." Rad. Senegæ, scillæ, sanguinaria, glycyrrhiza, aqua, saccharum, vin. colchici, citrate of morphia, tinct. bals. tolu, tart. antim. et potass., prepared in the form of a thick syrup; the anodyne properties of which are about two thirds of the strength of the camph. tinct. opii of the U. S. Dispensatory. I first prepared the medicine for my own use in practice, without expectation that it would be further extended. The recipe passed into the hands of Messrs. F. & H. Keyes, by whom large quantities have been sold in the United States and the Canadas. I never designed it to be a secret remedy or nostrum; but as it has passed off as such among the multitude of preparations which throng every part of our country, I wish to say to the medical profession that I deprecate secresy in medical practice, and nostrum-making in any form, and with such I have nothing to do. W. H. Carter.

Newbury, Vt, March, 1849.

Medical Miscellany.—A Dr. Hatch has been arrested at Philadelphia for counterfeiting.—Forty cases of smallpox have recently appeared at Norfolk, Va.—An improvement has been made in the microscope by B. Haseart, Cincinnati, which, it is said, immensely increases its power. The Cincinnati Commercial speaks of it as a great scientific discovery—the benefits of which are incalculable.—Dr. Scheiber, of Stockholm, it is said, has succeeded in curing drunkards of an appetite for spirit, by giving them all their food and drinks mixed with brandy, tea and coffee.—Cholera has broken out at Quincy, Illinois, producing considerable excitement.—Dr. Jewett, the well-known temperance lecturer, has removed to Millbury, Mass.—A medical college has been fully organized at Evansville, Indiana. The first course of lectures will commence on the first Monday in November next. Drs. Weever, Foster, Wilcox, Bray, Laycock, Walker, Lane and Trafton compose the faculty.—No recent cases of hydrophobia have been developed in this neighborhood, of late, and the excitement, therefore, has subsided.—Eye and Ear Infirmaries appear to be on the increase.—The bill authorizing the erection of a second hospital for the insane, was debated in the Massachusetts Legislature by Messrs. Giles, Rider, Sargent, Nelson, &c., on a motion made by the first-named gentleman to amend it so that the money to be appropriated for the purpose shall be raised by a sale of western Rail-road stock instead of by loan. The amendment was rejected, and the bill was then rejected, 17 to 18, by yeas and nays.

To Correspondents.—Dr. D. King on the Treatment of Fractures and Dislocations, No 3 of Sketches of Eminent Physicians, and J. S. J. on the Treatment of Intestinal Worms, have been received. Other papers, which have been excluded from to-day's Journal by the length of Dr. Parsons's excellent Prize Dissertation, will receive early attention.

Died,—At New Orleans, Dr. John Harrison, of the University.—At Pensacola, Dr. Alexander Robinson, Assistant Surgeon, U. S. N.—At New York, P. S. Townsend, M.D., 53.—In Brooklyn, N. Y., Dr. John J. Pendergast, 78.

Report of Deaths in Boston—for the week ending April 7th, 91.—Males, 46—females, 45.—Of consumption, 19—scarlet fever, 4—lung fever, 5—puerperal fever, 1—canker, 1—croup, 1—infantile, 10—child-bed, 5—convulsions, 3—worms, 2—inflammation of the lungs, 1—disease of the brain, 3—hooping cough, 2—measles, 11—erysipelas, 4—brain fever, 1—dropsy on the brain, 3—inflammation of the bowels, 1—disease of the bowels, 1—disease of the liver, 1—marasmus, 1—diarrhœa, 1—dysentery, 1—paralysis, 1—disease of the lungs, 1—accidental, 2—teething, 1—typhus fever, 1—disease of the heart, 1—intemperance, 2—drowned, 1.

Under 5 years, 47—between 5 and 20 years, 8—between 20 and 40 years, 26—between 40 and 60 years, 6—over 60 years, 4.

Exhalation of Carbonic Acid Gas.—M. Lassaigne, the well-known French chemist, addressed to the Academy of Medicine, at a late sitting, the continuation of his experiments on the above subject, the first part of which was presented in 1846. The main object of the present inquiry was to ascertain the amount of carbonic acid gas evolved, in proportion to the size of different animals. The experiments were made on a bull, a ram, a goat, a kid, and a dog. From these it would appear that every animal evolves, in an equal time, a different amount of carbonic acid gas, which amount will depend on the particular habit of body, on age, and especially on the degree of respiratory activity of the animal. The following figures represent, by volume, the quantity of the gas which was given off in an hour's time :—

	Eng. Cub. In.*		
Bull, - - -	16,542.52	at 29.64 inch. of atmospheric pressure.	
Ram, - - -	3,370.13	"	"
Goat, eight years old,	1,310.70	"	"
Kid, five months old,	707.83	"	"
Dog, - - -	1,117.27	"	"

These figures are the results of experiments made upon free respiration in well-closed stables, the area of which was 151.48 cubic feet; or with the smaller animals, conducted in a box provided with panes of glass, the capacity of which was 114.56 cubic feet. The proportions of carbonic acid gas being calculated by weight, it will be found that each of the above-named animals evolved, in one hour, the following quantities :—

	Troy Grains.	
Bull, - - -	8,297.79	of carbonic acid gas.
Ram, - - -	1,687.27	"
Goat, - - - -	656.23	"
Kid, - - -	354.27	"
Dog, - - - -	559.33	"

The proportional amount of carbon will be found as follows :—

	Troy Grains.	
Bull, - - -	2,260.64	of carbon.
Ram, - - -	460.27	"
Goat, - - - -	178.98	"
Kid, - - -	96.43	"
Dog, - - - -	153.44	"

London Lancet.

Nutritive Properties of Bran.—M. Millon has communicated to the Academy of Sciences the result of some interesting investigations of his concerning the ligneous matter of wheat, whence it would appear that bran is a very nutritive substance. Though bran doubtless contains from five to six per cent. more ligneous substance than flour, it presents more nitrogenous matter, twice as much fatty matter, and moreover two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. Thus, by sifting the impoverished wheat into nitrogenous matter, fat, fecula, aromatic and sapid principles, in order to free it from a small proportion of ligneous substance. (?) M. Millon, therefore, thinks that bran and meal ought to be ground over again and mixed with the pure flour, and he has found, by repeated experiments, that this mixture yields a superior kind of bread, and free from the inconveniences of that bread which, in some countries, and particularly in Belgium, is made with coarse meal.—*Id.*

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* The French Litre has been calculated at 61.02 English cubic inches; the French gramme at 15.43 troy grains; and the French metre at 3.2 English feet.

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REVIEW OF M. LOUIS'S RESEARCHES UPON TYPHOID FEVER.*

[Communicated for the Boston Medical and Surgical Journal.]

My attention having been recently called to this work by one of the followers of Louis, who quoted him to refute opinions that I had advanced, I sought the work with no little curiosity, and have examined it with much care, and I trust with candor; but of that, others can judge. I have selected the first case, as one of the best and clearest-reported cases in the whole work, and which was probably placed in front, as best reflecting the author's principles and practice. It is most certainly a fair sample of the practice of those who follow Louis and authors of that character, so far as I have had an opportunity to see their practice.

Louis says that "a man aged 23, of medium size, and rather thin, was admitted to the Hospital of La Charité, Sept. 17th, 1824. Had been residing at Paris for six months, and during previous four months had been occupied in the preparation of warm baths in various parts of the city, and always had good nourishment, had not been accustomed to excess of drink, had never ceased from his daily occupation. He said he had been ill six days. In the beginning, pain in the head; inclination to sleep; indistinct vision; sensation as if dazzled; pain in limbs; general feeling of heaviness; very great sensibility to cold, with extreme heat of skin; urgent thirst; complete anorexia; diarrhœa. These symptoms continued, and the diarrhœa increased, so that during the last three days he had from fifteen to twenty dejections in twenty-four hours. At this time new symptoms made their appearance; to wit, nausea, vomiting, and pains in the epigastrium; very few colic pains; and a slight cough commenced on the evening that the patient entered the hospital. All these symptoms had been preceded during three days by a slight diminution of appetite, and a feeling of general languor, or dulness. Our patient had kept his bed from the outset, and had taken only beef-tea for nourishment, and for drink barley water sweetened with honey, with some wine mingled with it. He had taken, also, every day, one or two glasses of undiluted wine, and had not perceived any exacerbation of his symptoms, of those particularly which related to the stomach.

* "Anatomical, pathological and therapeutic researches upon the disease known under the name of gastro-enterite, putrid, adynamic, ataxic, or typhoid fever, &c., compared with the most acute diseases. By P. Ch. A. Louis," "Translated from the original French, by Henry I. Bowditch, M.D. 1836."

" 18th.—Slight headache, face moderately and uniformly red, without any peculiar expression ; buzzing in ears ; is dazzled on rising in bed ; answers slowly, but correctly given ; memory clear ; somnolency ; bruised feeling in limbs. Tongue moist, of a vivid red at the tip, whitish in other parts ; mouth pasty ; anorexia ; intense thirst ; stricture at epigastrium, increased by pressure, and it is slightly meteorized. No rose-colored, lenticular spots on the surface ; pulse regular, active, not full, beats 95 times in a minute ; skin hot, dry ; coughs but very seldom ; respiration slightly accelerated ; not a little oppression at chest. Orge. sir. tartar, three times ; flax-seed enema ; emollient fomentations over epigastrium. Patient had at least twenty dejections during the day, and excepting a slight redness of the eyes, dryness of the tongue at its tip, and some pain in the iliac fossæ, his state at the visit on the morning of the 19th, was the same as it was the day previous. Blister to legs.

" During the night of 19th and 20th. delirium ; loquacity ; patient got out of bed, and the straight jacket was applied.

" 20th.—Face moderately animated, features calm ; lips trembling slightly ; patient says he is very ill, and refers all his malady to the epigastrium, although pressure there does not appear painful ; speaks incoherently ; tongue dry, red ; abdomen meteorized ; pulse at 110 ; skin somewhat hot ; dejections much less numerous than yesterday. Bleeding to ℥ x.

" During this day no amelioration, alternation of great drowsiness and of delirium ; same state of abdomen. On 21st, appearance of face calm and natural, eyes slightly injected ; drowsiness nearly constant ; tongue of a blood-red hue, easily protruded ; abdomen a little meteorized ; epigastrium sensible to pressure ; some rose-colored, lenticular spots upon abdomen ; respiration sufficiently calm. Blood drawn yesterday nearly diffluent. Orge. sir. tart. twice ; whey ; flax-seed enema ; emol. foment.

" From this time until 27th, the day of death, the state of the patient became gradually worse. Nearly all the time there was profound drowsiness ; he complained, on the 24th, of his extreme weakness, was delirious, and on the night of 25th and 26th he ran about the ward, with no clothing upon him except his shirt. His features, from the 25th presented marks of evident sinking ; his eyes were very much injected on the 22d ; epistaxis on that day, and another more copious on the 26th. The tongue was always dry and soft, of a pale red ; intense thirst ; dejections not very frequent, but involuntary, as was the urine. The abdomen remained meteorized to a moderate degree, was sensible to pressure, and covered with lenticular spots on 24th. The pulse at 84 on 25th and 26th, was always small and feeble ; some heat of skin ; respiration calm or slightly accelerated ; respiratory murmur was free from any râles in front, and at the sides of the chest ; the blisters bled very copously, especially on the 26th.

" 27th.—A short time after the visit, our patient was placed upon the close stool, where he passed a pultaceous, brownish matter, of extreme fœtor ; his tongue was perfectly clean ; respiration a little blowing, and a quarter of an hour afterwards he expired. The drinks first made use

of were continued until 24th, and on 25th were prescribed two quarts of a cold infusion of cinchona, one quart of lemonade, and a given potion with twenty grains of sulphate of quinine."

I will here pass over about three pages, showing the appearances after death, and take Louis's remarks upon them, viz.:—"There was, as we shall see, a perfect harmony between the symptoms and the lesions to which they could be referred; for if the one were grave, the others were not less so. The patient, when he fell sick, had been at Paris for six months, and had been engaged during four in a very fatiguing employment. He experienced, during the first three days, uneasiness, with a feeling of lassitude; slight diminution of the appetite; afterwards headache, pain in his limbs, obscure vision, with sensation as if eyes were dazzled; somnolency; diarrhœa; complete loss of appetite. These symptoms continued. The diarrhœa became more severe; and a short time after their appearance, pains in the epigastrium supervened with nausea, and vomiting, but this latter symptom very soon disappeared. The weakness soon became considerable; delirium more or less violent, alternating with somnolency, manifested itself on the twelfth day of the affection, and on the twentieth the patient died without a struggle. At the opening of the body, there was found a somewhat vivid injection of the pia mater, and of the medullary substance of the brain; also a slight infiltration of the edges of the glottis; an evident softening of the liver, and a still greater one of the spleen; traces of inflammation of the gall-bladder; a mamelonated state of the mucous membrane of the stomach. There was also a softening of the mucous membrane of a portion of the large intestine; this softening was not to the same degree throughout its whole extent. There was, besides, a much greater softening of the small intestine. Especially was there an important alteration in the elliptical patches of the ileum; and upon this point it will be necessary to speak more fully. All these patches were more or less thickened; some, which were farthest from the large intestine, were white, not ulcerated; the others were more or less red, had ulcers upon them, that varied in depth, so that according as it was nearer the cæcum the ulceration was larger and deeper. The largest of all, the last, near the ilio-cæcal valve, occupied the whole circumference of the intestine; and the muscular membrane was laid bare by it, to almost the whole of its extent. From this it seems natural to conclude, that the patches that were nearest the cæcum were the first to be affected, that the inflammation gradually arrived at the others; and finally, the three patches which were not ulcerated, were pale, thickened, and had nóthing except this thickening in common with the others. The state of the mesenteric glands tends to confirm this opinion, the glands being more voluminous near the cæcum, than anywhere else, and having no purulent spots save in this vicinity. And as the lesion of elliptical patches of the ileum was the gravest, the most important of all those found in the intestinal tube, it seems natural to allow it commenced before any of the others, and that to it should be referred the first symptoms of the affection, consequently the diarrhœa; so that although this symptom was rather severe at first, it must be attributed exclusively to the state of the small intestine, at that time.

"Another fact, of which the importance will be better appreciated hereafter, but which it is proper to mention at this time, is this, namely, the cellular membrane of the patches had undergone an alteration analogous to that of the mucous membrane; and where the mucous membrane was thickened and yet of a whitish color, the cellular was of the same color, and proportionably as thick, so that it is impossible rigorously to demonstrate whether these two tissues, the cellular membrane and the crypts, were attacked in succession or simultaneously. The patient having had no symptom which could be referred to the liver, it was impossible to foresee the lesion of the gall-bladder, a lesion which is quite rare, as we shall hereafter see, and evidently of an inflammatory nature, although the mucous membrane of the bladder was changed in color merely. It is probable, moreover, that like most of the alterations, except those of the ileum, this took place only a short period before death, which also explains the absence of the symptoms to which I alluded.

"There can be no doubt that the œdema of the glottis commenced at a period still less remote, and its latent state shows better than any other lesion how many disorders may commence during the last moments of life, without being announced by any peculiar symptoms; for if we suppose the whistling, which I noticed, was owing to the œdema, we cannot, upon so slight an indication, assert positively that this sound was thus produced. Nevertheless, it is probable that the absence of long struggle previous to death, was due to the state of the glottis, which must have caused a speedy suffocation of the patient.

"I shall refer at some future time to the state of the stomach and brain; I will observe in this place that the alteration of the former was slight, although the gastric symptoms were severe; and in order that we may be able to suppose them to have been dependent upon the mucous membrane, from the moment they began, their origin must have been after that of the disease; now, such was the fact; probably, therefore, the stomach was not affected at the beginning of the fever."

It here appears, that on the 17th this patient was admitted into the Hospital, with "complete anorexia, diarrhœa," &c., and had been confined to his bed six days. During the last three days, the diarrhœa had increased to twenty dejections in twenty-four hours; nausea, and vomiting, and pain in the stomach, had become troublesome. It also appears that three days of slight indisposition had preceded these six, making the 17th the ninth day of illness.

Now mark the treatment! Of the first three days, nothing is said (though we should like to know), but during the six days previous to his entering the Hospital, he had taken *only beef tea* for *nourishment;* and for *drink, barley water, sweetened* with *honey*, with some *wine* mingled with it. He had taken, also, every day, one or two *glasses* of *undiluted wine*, and (what is very remarkable) had not perceived any "*exacerbation*" (though growing worse all the time) of his *symptoms*, particularly those which related to the *stomach.* At first he felt only general languor and debility, and loss of appetite; then followed nausea, vomiting, and pain in the stomach; *growing worse every day*, but no *exacerbation* of symptoms." Instead of simple ice-water, which the

stomach called for, and which would probably have cured the man, in half of the nine days, provided he had taken nothing else; *beef-tea*, *honey*, *barley* water, and *wine* both diluted and in full strength, were forced into the poor stomach, though it continually revolted, and cried out with *pain*. Notwithstanding this rebellion of the stomach and increase of diarrhœa, this regimen was continued till the 24th, seven days from his admission, and on the 25th, two quarts of cold infusion of cinchona, one quart of lemonade, with twenty grains of sulphate of quinine, in a gum potion (probably one quart more), were given daily till he died.

Now, what is most remarkable, this man lived till the 27th, ten whole days and nights under this treatment, and twenty days from the first attack; and then died by suffocation from inflammation of the glottis. According to Louis, the primary disease here was in the ileum, the seat, as I understand him, of all fevers, and that all the other local diseases found on dissection took place shortly before death. In summing up the case, Louis very coolly says "that there was, as we shall see, a perfect harmony between the *symptoms* and the *lesions* to which they referred, for if the one were grave, the others were not less so." We agree to all this, and go a little further, and say that we see a perfect harmony between the *treatment* and these grave *symptoms*, for "if one were grave, the others were not less so." Then food or nourishment of any kind could not possibly be digested, and must putrefy and act as a violent poison to the system; and shortly before death, on the 27th, Louis says, "there was an evacuation of a pultaceous, brownish matter, of *extreme fœtor*," consisting, of course, of food in a *putrefied state*.

The more fully to demonstrate that Louis's principles are entirely wrong, and his practice dangerous, if not empirical, I will put in as evidence, an essay on typhus fever, by Nathan Smith, M.D., late Professor of Theory and Practice of Surgery in Yale College, published by E. Bliss & E. White, 128 Broadway, N. Y. In this work Dr. Smith has advanced no fanciful theories, nothing but simple, practical facts—facts which can be tested by all. He here takes as decided a stand as Louis, that there is but one fever, which has led some late writers to suppose that they both agreed in principle, while they are as far apart as the poles. Smith calls the fever he treats of, a typhus, which, he says, in all cases depends upon a specific cause, and that cause, contagion; that in no instance does it depend upon local inflammation for its cause or continuance. He admits that local inflammation may and does sometimes attend that fever, and may increase it for the time being, but he distinctly says, that the inflammation should in all cases be removed as soon as possible; and that after the inflammation is removed, the fever continues to its natural termination, like other contagious diseases. Louis, on the other hand, locates his disease in the ileum and immediate vicinity. Of the cause of the inflammation, he says "he is entirely ignorant," and which his treatment too plainly indicates. Dr. Smith says that typhus is not an every-day disease, that he has known it absent from places twenty years in succession, and he evidently considers the disease treated of by Louis, as nothing but the acute disorders of the digestive organs of "Hall on Diagnosis," and inflammation from cold, which often attacks,

sometimes every year, those whose digestive organs are deranged from improper food, drink, &c., and should be treated as such, not as a distinct fever. Another point is, that Smith's typhus cannot be arrested, in its progress, after it has once commenced—that all remedies used with a view to "cut off" or "prevent the fever from settling," as some call it, are dangerous—that no violent remedies should be used, unless to remove local inflammation, and that no individual is ever liable to a second attack. All these positions are, I think, fully justified by the following extracts:—"There is a marked point of analogy between typhus and the common contagious maladies, which is, that it rarely affects the same individual twice. Those, however, who do not consider it a distinct disease, but only a state of fever, will probably differ from me in opinion on this point. For it is evident, that if we make the name of the disease depend on the presence of one or two symptoms, or on that indefinite thing or state called debility, we shall be liable to misname it; and that this is actually done, and in very many instances, there can be no doubt. Indeed, within the last year, I have been consulted in several cases of disordered secretions of the digestive organs, which were called low nervous or low typhus fever, merely on account of the presence of a furred tongue, loss of appetite, and some degree of thirst. Several of these patients told me, that they had had one of these "low fevers" every year, for several years in succession. It is obvious that those physicians who have such vague and indefinite notions of fever, as to call a stomach affection, typhus, would be equally liable to call other febrile complaints by the same name, and may imagine they detect its existence in the same individual many times. My own personal experience is strongly in favor of the opinion I have advanced of the non-liability of the same individual to a second attack of typhus; for during the twenty-five years since I first attended patients in this disease, and in that time I have visited many hundreds, and have witnessed its prevalence several times in the same village, I have never known nor heard of its recurrence in the same person."—See pages 16 and 17.

Pages 18 and 19. "Some late writers have described a fever beginning inflammatory, and ending typhus, and vice versa. Upon this point I would observe, that in many, if not all, acute diseases, there is a marked difference in appearance between the rise and decline of the same disease, whether it terminates in death or recovery, and generally the early part of all febrile affections is attended with more symptoms of inflammation than the latter. This is undoubtedly the case with typhus; but such difference of symptoms in its different stages, should not induce us to give the disease different names.

"As I consider typhus fever as arising from a specific cause, if it begins typhus, or arises from such specific cause, I believe it to continue typhus through its whole course. Variation, in severity or mildness, can make no specific difference in the disease."

And on page 21, he says, "From the view of this subject above taken, and the facts there stated, I consider typhus fever a disease *sui generis*, arising from a specific cause, and that cause contagion, and seldom affecting the same person more than once. The diseases with

which it is liable to be confounded, and for which it is often mistaken, are pure unmixed *catarrhal fever*, the *acute stomach complaints* above referred to, and those *bilious affections* which take place in the latter part of summer, and the commencement of autumn. I have seen many cases of all these affections which have been considered and treated as typhus, by those who consider it as a mere state of fever, and not as a distinct disease dependent on a specific cause. It will be observed that simple inflammatory fever is not mentioned as one of the diseases with which it may be confounded. The reason is, that no such disease has ever fallen under my observation.

"Although I have practised physic and surgery for thirty-five years pretty extensively in all the New England States, except Rhode Island, and have lived in New Hampshire, Vermont, Connecticut and Maine, I have never witnessed a single case of continued fever, except typhus, which was not either the effect of contagion, as the smallpox, measles, &c., or evidently connected with local inflammation and dependent upon it. I do not mean to assert that typhus is never connected with local inflammation; indeed, I know that the reverse of this has been the opinion of some men of great observation, and that there are many phenomena, which serve to corroborate it; but if so, it differs essentially from that kind of sympathetic fever, attendant on phlegmonic inflammation, and on attentive examination this difference will be sufficiently obvious."

These extracts show pretty conclusively that Dr. Smith considers that a large part of the febrile diseases, treated as idiopathic fever, depend upon local inflammation of the mucous membrane of some part of the alimentary canal; that typhus fever is a rare disease—that is, not to be met with every year in the same neighborhood. Whether Louis's work contains any cases of what Dr. Smith calls typhus, it is impossible to tell, as his treatment was such, as would modify and materially change the disease, whatever it might have been.

From the extracts of both Louis and Smith, the following conclusion forces itself upon the mind, viz., that most, if not all, the appearances in Louis's case, after death, were a necessary consequence of the treatment. The patient must have taken as much as thirteen gallons, in thirteen days, of beef-tea, barley-water, honey and wine; for it must be presumed that he took as much, at least, as he did of the infusion of bark, lemonade, gum potion and quinine. Now what quadruped is there whose stomach could resist such a mass, when there was no secretion of gastric juice to digest it? They know enough not to eat when sick, but man does not! If no food is taken, till there is gastric juice to digest it, it is seldom that physic is necessary, and the loss of strength and flesh is small in comparison to what it is when nourishment is taken, as physic must follow or diarrhœa take place, and the loss in consequence is much greater. Each individual can test for himself the truth of Louis's or Smith's principles, by giving nature time and opportunity to cure, by total abstinence from food and in most cases from medicine. Smith's typhus will go on quietly and gently about two weeks, while the typhoid will disappear in two, three or four days; that is, presuming both to be mild cases and taken early—for I have never known violent cases of the

typhoid to last more than six or seven days, unless a relapse was brought on by taking some nourishment before the stomach was prepared for it.

The diarrhœa being a critical discharge, should be let alone—at least till the fever is gone, and then I have found one twelfth of a grain of corrosive sublimate, once in eight hours, in one drachm of water, the best. One dose is often all that is necessary should it produce a little nausea; if not, a second, or even a third, will sometimes be required to change the action, when the stomach will immediately call for food. To get a proper effect from this, the pulse should be perfectly soft and the mouth moist before it is given. In typhoid, all headache can be removed by the cold affusion applied till re-action is complete, and it will not return unless the stomach is irritated by either food or medicine. In some protracted or badly-managed cases, the inflammation of the mucous membrane seems to have taken on a morbid or erysipelatous character; to change which, I have found the following the best. Spts. turpentine, bal. cop., āā ʒ ij.; solution gum Arabic, ℥ ij.; of which a one-drachm dose is to be taken in four or six hours, for one, two or three days till the secretions show a change. In typhus, the headache and delirium are a part of the disease; it may be mitigated, but not cured.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

NATHANIEL CHAPMAN, M.D.

"A wise physician, skilled to heal,
Is more than armies to the public weal."—*Homer.*

"Mind is the god-like attribute of man,
Even as the prophet in the arid wild
Smote the dull rock, which gave its waters forth,
Till awe-struck Israel gazed upon the sight;
Thus by high reason waked, the mind instinct
Pours its rich, sparkling streams upon the earth,
And the world looks with a rapt wonder on."

Our country is fertile with examples of genius and industry, wending their way upward to honor and renown. Like the inexhaustible soil of our western wilds, society produces an ever-increasing harvest of mind, laden with the rich fruit of originality and vigorous thought. No young man can contemplate the characters of the many distinguished men who have enrolled their names upon the few but brilliant pages of American history, without feeling that he has but to put forth his hand and pluck the laurels to entwine his brow. In the language of the distinguished subject of the following memoir, "every man in this country either makes or mars his fortune."

"Nathaniel Chapman was born in Virginia, a few miles from Alexandria, on the 29th of May, 1780. His family was of that class in which the right nobility of our country is founded—the independent agriculturists, who are aware that a good education is the only true basis of legitimate renown. Having enjoyed suitable preliminary advantages liberally furnished him in this spirit, young Chapman, in 1797, when 17 years of age, came to Philadelphia, and became a private pupil of

Dr. Benjamin Rush. We are not at this time in possession of any illustrative anecdotes of uncommon devotion to study, during the three years in which he remained with this distinguished physician and teacher. We can, however, very fairly presume, that the opportunities for improvement which were furnished in the fever of 1798, and in the lectures and practice of his preceptor, were not lost on a youth of such quick perceptions as young Chapman. We believe, indeed, that he soon became one of the many enthusiastic supporters of the hypothesis of Dr. Rush, not the least evidence of whose mental powers was evinced in the zeal with which he knew how to inspire his young friends and pupils, in his favor."

After graduating, in the year 1800, Dr. Chapman left his native shores to visit the old world, and finish (as was the custom of the day) his medical education there. Four years were spent chiefly in the cities of London and Edinburgh. A short time was spent in visiting the Continent. Endowed with keen perception, and an active imagination, with a sanguine temperament, he was well calculated to enjoy the pleasures and novelties presented by foreign customs and manners; and consequently, we find him, even at this day, relating, with much spirit and gusto, numerous anecdotes and incidents, in which not unfrequently himself with other young American friends bore a conspicuous part.

Having returned to the United States, he selected Philadelphia for his place of residence. To his ardent temperament, this presented the best field for a full display of his talents; and his motto seems to have been, "*aut Cæsar, aut nihil.*" Here, now verging to the sere and yellow leaf of a long and brilliant career, still flourished his great preceptor; here were Wistar, and Barton, and Kuhn, and many others whose labors had made Philadelphia the centre of medical fame; and here, in the midst of the great names of his day and others who had passed from the scene of action, *he* resolved to "*do* or *die.*"

"To the timidly cautious," in the language of another, "such a step must have seemed to partake more of youthful rashness, than of mature reflection; and we can conceive of many a prediction of failure, and many a cynical comment on his presumption, uttered by those who can see no safety out of the beaten track—no success not promised by confirmed precedent. But Dr. Chapman felt his powers; and although he chose for a season to blend, and at times conceal them, with a sprightliness almost amounting to levity of manner, he was never an idle or uninterested observer of events. If he became intimate with Dennie of the Port-Folio, and others of the club who used to contribute to that work, at least in excellent intentions and amusing discussions over good suppers, it was on his part from a natural, and, we may say, laudable fondness for ornamental literature, not less than for tasteful conviviality. His undertaking to select and arrange a choice collection of speeches of the most distinguished English parliamentary and forensic orators, was no doubt suggested by some of those good fellows and literary associates. From whatever cause begun, the task was well executed, and afforded, in the prefatory notices and explanations, decided evidences of both taste and judgment."

This, in fact, seems to be a natural attribute of his mind; his writings and lectures prove him to be a good belles-lettres and classical scholar.

Previous to 1813, Dr. Chapman had assisted his friend Prof. James in his lectures on obstetrics, in the University of Pennsylvania; and on the death of Dr. Rush, in August of this year, he was elected to the chair of Materia Medica. This chair had been filled by the eloquent and distinguished Barton, and we may well suppose that Dr. C. found a fine field for the display of all his varied talents as a speaker and teacher. About this time he published, as a text-book for his class, his well-known work on therapeutics, in which he advocated his peculiar views, which may, perhaps, be designated as pure solidism. The ingenuity with which he arrayed his arguments, his polished diction and classical periods, made this at once, like the writings of Dr. Rush, very attractive to the young student and practitioner. Three years after this, at the death of Dr. Barton. who had filled the chair of Practice of Medicine, Institutes and Clinical Medicine, since the death of Dr. Rush, Dr. Chapman was transferred to this chair, which he continues to fill to the present time. Following in the footsteps of such men, it must have required talents of the highest order to fill with credit the places which they had filled.

In analyzing the peculiarities of distinguished orators of different periods, or of the same period, it is amusing to observe how entirely different they are one from another. Demosthenes and Cicero—Burke—Pitt, Fox and Sheridan—Patrick Henry—Clay, Webster and Calhoun—no two alike, yet all great. Occasionally we we find one, who having studied and imitated the manner of another, appears much like his original at the outset—but very soon, if he succeed at all, he forms a "manner of his own." Copying others, like borrowed capital at the beginning of a mercantile life. cannot continue long, but must give place to original capital, inherent in the constitution of the man. We have the highest authority (Quintilian) for the fact (different from a poet) that an orator, provided he have energy, can by close application and study be made.

Dr. C. is an instance of good success in this respect, in spite of an impediment which would have deterred most men from the attempt. The loss of a portion of the palate, in early life, produces that peculiar and unpleasant sound, or want of proper nasal sound, termed "speaking through the nose"; and yet, by careful study and close attention to his voice, he has succeeded in making the hearer forget the defect, and in fact, after a short time, consider it almost in the light of an embellishment—at least, it gives character to his manner of speaking, and with other peculiarities makes him highly original and attractive as a teacher. A witticism, pun or bon mot, assumes a peculiarity all his own, when pronounced by his *inimitable* voice.

His apt quotations from the whole field of ancient and modern polite literature, with his sparkling wit and happy inuendo, make it always a treat to listen either to his lectures or conversation. A peculiar oscillation of the brows, with a slight jerking upwards of the corners of the mouth, are the usual indications of a *jeu d'esprit.* His bon mots, with

those of his old friend, Judge Hopkinson (now, alas! no more), are perhaps as generally retailed over the United States, among both the people and the profession, as are those of Abernethy and Johnson in Great Britain.

Who, among the thousands that have sat at the feet of this Gamaliel in medicine, but can recollect the innumerable classical allusions and quotations in which his introductories, valedictories and ordinary lectures, whether clinical or not, abound? The fable of the voyage of the Arganauts is annually alluded to and recited. Quotations from Horace, Virgil, Homer, Akenside (the latter he speaks highly of as the poet and physician), Johnson, Pope, &c. &c., are all familiar to those who have attended the lectures of Dr. Chapman. The figure of a ship on a voyage, the physician for pilot, is often used. The beautiful description of a traveller going out in the night and seeing no light, at first, until one star after another bursts upon his astonished sight, in illustration of the effect of the study of medicine upon the mind of the student, is known to all of us.

[To be continued.]

RENAL CALCULUS—PASSAGE THROUGH THE URETER, ASSISTED BY THE USE OF ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

The patient was a man somewhat advanced in life, of a gross but temperate habit, accustomed to a large amount of exercise in the open air, and free from dyspeptic, and in fact from any kind of ailments. He said, however, that he had been subject to attacks of gravel, and that his urine was usually turbid, and deposited a red sediment.

After riding some hours in a jolting wagon, he was seized with violent pain, principally in the left iliac region, which became somewhat tender, but extending from the small of the back in the left side, along the ileum towards the groin. This had lasted for several hours when I saw him. There was slight nausea, and frequent desire to void the urine, which, by his account, was small in quantity, and free from blood. The pulse was 76, and there was no fever. He took an ounce of phosphate of soda; and by a large enema of warm water, and the application of fomentations and poultices, the pain abated, and he passed a comfortable night.

The next morning I found him sitting up, with slight pain over the left kidney. The urine had been passed in moderate quantity, and deposited an abundant lateritious sediment. He was directed to drink freely of flaxseed tea, with carbonate of soda in solution. An hour after, he was suddenly seized anew with the most excruciating pain, attended with violent paroxysms of retching. Sixty drops of laudanum were given; and as the distress continued, I determined to "etherize" him, with the view, at once, of relieving his anguish, and of facilitating the passage of the calculus into the bladder. The first inspirations caused ineffectual efforts to vomit; which having been checked by a copious draught of warm water, I again applied the sponge until he became completely insensible.

After remaining in this state a few minutes, he awoke, free from pain, of which he has since had no return.

Within a few hours he passed a considerable quantity of urine, of light color and free from sediment; and in it I found a very small, irregularly shaped concretion, which proved, on analysis, to be composed almost entirely of lithic acid. Its weight was only 0.16 of a grain. The next day he was in his usual health, and able to pursue his business.

WM. P. DEXTER.

Brookline, March 28, 1849.

EXTERNAL APPLICATION OF CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I do not remember having seen reports of the external application of chloroform. This mode of application may, however, be of more frequent occurrence than I have supposed, judging from what I have seen, or rather from what I have *not* seen. Should this be too common-place or unworthy attention, you will please decline its notice.

The application externally of this powerful anæsthetic agent has given me very much satisfaction. The few following cases will show your readers its happy effects in my hands.

CASE I.—I was summoned hastily to see a daughter of Mrs. P., about 12 years old, who had fallen while at play, and it was feared had broken her arm. I found the girl almost frantic, complaining bitterly of her arm, and not allowing any one to touch it. My first intent was to quiet her by the administration of chloroform, and while under its influence examine the arm. Accordingly I prepared a handkerchief with a small quantity; but from her restive disposition, I failed entirely in its administration. It occurred to me that an application to the arm might be of service. With a little persuasion I induced her to let me "bathe" her arm with what I had upon the handkerchief (perhaps ʒ j). Not two minutes elapsed before she said her arm felt as well as ever. On examination—which was allowed without the least sign of pain—no fracture or dislocation was found. She soon fell into a quiet sleep, from exhaustion or otherwise, and in two hours was as able and willing to romp and play as ever.

CASE II.—Mrs. W. called me in to "do something" for her leg. It was very painful, and had been so for twenty-four hours. She had exhausted all the domestic remedies and quack nostrums to no good purpose. I found her sitting in a chair, with the pained leg in another. From the knee to the foot (the seat of the pain) there was an unusual heat, some swelling and tenderness. I doubled a piece of cotton cloth, laid it upon the affected part, and saturated it with chloroform. One minute had not passed before it was much easier, and not five before it was perfectly easy. I left her a vial containing ℥ ss. to apply in the same manner if the pain returned. The next morning Mrs. W. was about the house as usual, having had no occasion for a second application.

CASE III.—Mrs. H., about 60 years of age, had "turned" her ankle

—was in extreme agony. Applied perhaps ʒj.—ij. of chloroform to the painful part, which produced almost instant relief.

Case IV.—Louisa P. had fallen down stairs and bruised the back of her head, thirty-six hours previous to calling for my assistance. Had been in severe pain from the first—slept but little. After a thorough application, the pain subsided; she soon fell asleep, and awoke as cheerful and well as ever.

Case V.—Mr. B. fell and fractured the lower third of the ulna of the left arm, two or three hours previous to my attendance. Chloroform was applied externally, which allowed me to reduce and dress the fracture with but little or no pain.

I mention these few cases as fair specimens of some twenty or thirty applications of this invaluable remedy *externally*, which I am happy to say terminated very desirably.

An allowance may be very reasonably made for the first case—being a child, and somewhat frightened withal. No so with the others, who are adults. Mrs. W. (Case II.) is a lady of uncommon fortitude.

Yours, &c. A. P. King.

Apponaug, R. I., March 29, 1849.

THE LATE DR. WM. A. CLENDINNEN.

[Communicated for the Boston Medical and Surgical Journal.]

Died, at New Orleans, Dec. 23d, 1848, of the prevailing epidemic, cholera, William A. Clendinnen, formerly of Baltimore, in the 30th year of his age.

We are induced more particularly to notice the death of Dr. Clendinnen by the professional position he had established for himself both in the city of his nativity and that of his adoption, as well as among those with whom he was brought into contact while abroad, and by the circumstances attending his fatal illness.

A native of Baltimore, where he was always esteemed for his kindly nature and cultivated intellect, of an ardent, enthusiastic temperament, active, energetic and laborious, he graduated, in the University of Maryland, in 1840, in his 21st year, and immediately entered upon the active duties of his profession. His career was eminently successful, until, in 1845, he determined to take advantage of an European tour, and to advance his knowledge of his profession, devotion to which was one of his strongest characteristics.

During his residence abroad, he neglected no opportunity, shrank from no labor, but with too much zeal sacrificed his health, already delicate, to the one chief object of his pursuit. Under the effects of this he was still laboring on his return to the United States, in the latter part of 1847, when, after a visit to his family and friends, he finally settled in New Orleans in the fall of 1848. It was not long ere the warning note of the approach of cholera to our shores was sounded in our seaport towns, and the hospitals of New Orleans were soon filled with the sufferers. To its study and observation, Dr. Clendinnen devoted himself assiduously

and constantly, and although suffering for some days with the premonitory symptoms, he passed the night of the 21st of December at the bedside of a patient, and was engaged at the Charity Hospital the greater part of the 22d. On his return home, he was seized with the graver symptoms, and despite the best professional assistance, sank under the attack on the morning of the 23d.

Devoted, conscientious and self-sacrificing in the discharge of his duties, his death is the strongest commentary upon the rule he had adopted and ever pursued: "Whatever of peril arises, the enemy must be calmly met. I *must* perform my duty to those who confide themselves to my care."

Thus in the midst of life, with a mind richly stored with professional knowledge and a heart filled with tenderness to his kind, of manners and address courteous and winning, and calculated by early education and later cultivation to command and secure esteem and respect, he fell a victim, lamented by many friends, to the ardor and zeal, in professional pursuits, which from his earliest entrance upon his manly career had so strongly marked him: adding another to the many martyrs who, in different epidemics, have sunk beneath the weight of their professional labors. To science he devoted his health and his life, and in the prosecution of it he has gone down to his early grave; leaving to those who knew and loved him the blessings of his memory and his example. M.

Baltimore, March, 1849.

MORBID SENSIBILITY OF THE EYES FROM DECAYED TEETH.

Dr. Hays, at a meeting of the Philadelphia College, remarked that he had seen, within a few years, some curious cases of exalted sensibility of the retina, from a cause which he believes has not been suspected of such an effect, viz., irritation of the dental branch of the fifth pair of nerves. These cases much interested him, and if the College had nothing better to occupy their attention, he would present a verbal sketch of them; he had not prepared any written history of the cases, having no previous intention of submitting them at this meeting.

The first case occurred in a gentleman, the Cashier of a bank in North Carolina. At the great fire in Wilmington, he had suffered considerable fatigue and exposure in endeavoring to save the books and papers of the bank, and had, subsequently, severely tried his eyes in arranging the documents which were rescued from the flames. He soon experienced great intolerance of light. For this he was treated by the physicians in his vicinity, but with only temporary relief. He subsequently visited Virginia, and Raleigh, North Carolina, for medical advice; but from none of the remedies or plans of treatment employed in his case, did he experience the slightest permanent benefit; on the contrary, the intolerance of light increased to such a degree as to render exposure to light perfect torture. Dr. Hays was written to. Believing the case to be one for which it was not possible to prescribe judiciously until he was enabled

to make a thorough examination of it, he requested that the gentleman should be brought on to Philadelphia ; but his friends, in reply, suggested that this would scarcely be possible, in consequence of the excessive photophobia under which the patient labored, rendering the slightest degree of light intolerable. Dr. Hays suggested that the eyes should be entirely defended from the access of light by covering them with a mask of wadded silk. This suggested was adopted. When the gentleman reached the city, Dr. H. found him laboring under the most aggravated degree of photophobia. In a room so perfectly dark that the doctor was unable to see any object whatever, to the patient, the light reflected from his own hands was intolerable, and that from his shirt bosom caused so much suffering that he was obliged to keep the latter constantly covered. The colored nurse, whom he had brought on to attend upon him, happening to enter the darkened room, the light from a white apron she wore produced so much suffering to the patient, that he flew into a violent passion at the poor creature, and threatened punishment should she ever enter his presence again similarly attired. So exalted was the sensibility of the retina, that in the darkened room, where Dr. H. could not see his hand held up before him, the patient was able to distinguish the objects around him, even the figures in the carpet. He was, at length, persuaded to submit to an examination of his eyes, which he bore with great fortitude. Dr. Hays found scarcely a trace of inflammation of the eyes or of any other apparent disease. The stomach of the patient was somewhat deranged. This being remedied without relief to the photophobia, the Dr. was induced to seek for some other source of irritation, and, after reflection, he was induced to suspect that the teeth, several of which were defective, but not painful, might be the source of the evil. At his suggestion a couple were extracted, but without causing any diminution of the intolerance of light. After some eight or ten days, Dr. H. examined the patient's mouth himself, and upon striking one of the lateral upper incisors nearest to the eye most affected, with a key, the patient winced as from pain, and stated that he had often experienced a disagreeable sensation to proceed from that tooth. The tooth was extracted ; with the loss of the tooth a most disagreeable gnawing or pinching sensation at the back of the eye, which had previously tormented him, ceased. At the root of the tooth there was found a large abscess, while the periosteum of the alveola was thickened. From this time the morbid sensibility of the eyes rapidly diminished, and the patient was soon after sufficiently recovered to return home and resume his duties as Cashier of the Bank. When Dr. Hays last heard from him, which was last summer, after an interval of nearly six years, he was perfectly well, having had no return of the photophobia.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 18, 1849

Prof. Hayward's Resignation.—Geo. Hayward, M.D., Professor of Surgery in Harvard University, who has long been identified with the

Medical School, and with the Mass. General Hospital, has resigned his professorship. The correspondence, which gives certainty to this announcement, is copied below. It is honorable to the parties—showing, as it does, to an eminent degree, feelings of mutual kindness, respect and friendship. In the meridian of professional life and distinguished surgical reputation, Dr. Hayward relinquishes a position of commanding influence, willing that others should have an opportunity to rise by their efforts, and carry on the great labor of surgical instruction. Those who have been educated under his watchful eye, will cherish a remembrance of Dr. Hayward's indefatigable exertions to teach them the true principles of operative surgery; and the great public at large is indebted to him, in connection with his associates, far beyond its conception, for the vigilance and care with which these teachers have prepared a multitude of adroit, skilful operators, now scattered over the country, in whose hands are liable to be entrusted the lives of thousands. May his days, relieved from so large a portion of labor and care, pass peacefully on, devoted, as they will still be, from habit and principle, to ameliorating the sufferings of humanity, to literature and social intercourse. The following are the documents alluded to.

"*Harvard University, Cambridge, March* 10*th*, 1849.

"My Dear Sir,—I have received your letter, signifying your resignation of the Professorship of Surgery in the University. I will lay it before the Corporation at their next stated meeting, on the last Saturday in March.

"Permit me to express my regret, that you should find your engagements such, as to require you to resign a place, which you have long filled with so much honor to yourself and advantage to the public.

"Accept the assurance, my dear Sir, of the sincere respect and regard of your friend and obedient servant, Jared Sparks.

"*George Hayward, M.D.*"

"*Boston, March* 28, 1849.

"Dear Sir,—Your colleagues have learned, with much regret, your determination to relinquish the office of Professor of Surgery. Had not the manner in which this determination was announced satisfied them that the attempt would have been useless, they would have desired to persuade you to continue still longer the connection which has so much promoted the interests of the School. They are not, however, willing that it should cease without an expression, on their part, of the sense they entertain of the services you have rendered to the School, not only as a most acceptable and useful instructer, but also by your zeal for its general interests, your efficient influence in the management of its affairs, and your liberality in contributing to its means of instruction. Hoping that the labors so long and faithfully performed, and the associations to which they led, may be remembered as agreeably by yourself as they are gratefully by us, we remain, dear Sir, your friends,

Walter Channing,
Jacob Bigelow,
J. W. Webster,
John Ware,
J. B. S. Jackson,
Oliver W. Holmes."

"*At a stated meeting of the President and Fellows of Harvard College, in Boston, March* 31, 1849.

"The President laid before the Corporation a communication from Dr. Hayward, resigning his Professorship—whereupon it was

"*Voted*, That in accepting the resignation of Dr. Hayward as Professor of Surgery, this Board is deeply sensible of the important services rendered to the University by him, and hold in grateful recollection the successful exertions and liberal benefactions made by him to raise the character and promote the interests of the Medical School.

"A true copy. Attest, JAMES WALKER, *Sec'ry.*"

McLean Asylum for the Insane.—Among the many institutions for alleviating the unhappy condition of the insane, the McLean Asylum, Somerville, Mass., although not the ancestral one of America, is deservedly placed in the highest rank. Age, the wealth it controls for carrying out most liberally every scheme of benevolence that may be suggested for bettering the condition of the patients, and, finally, the character of the men who have raised its reputation to a proud eminence, give a special interest to the transactions of the Asylum. Dr. Bell has an original method of showing his opinion of the proper method of making up the annual reports of these hospitals in bold, yet refined language. "The novelty of the circumstances and results which a few years since gave an interest to the annual reports of hospitals for the insane, in a country where they had just begun to be introduced, has passed away. The public taste, then experiencing a mixed and questionable gratification from the detail of the wild and wonderful, ever easily to be pictured out in glaring colors, from the materials at hand in any household of the insane, would now revolt from a popular demonstration of what are strictly professional topics. It is then the happiest year for an asylum, not coveting the distinction of having the interior and private life of its inmates exhibited to the world, however interesting or exciting may be the developments of the human mind in ruins or disorder, when it has the least to say of its annual history of events." Dr. Bell understands the machinery of a mad house, and what is proper to make known, and what withhold from the public. At the date of the last report, 143 patients were under treatment; and during 1848, 153 were admitted—giving a total of 316. Within the same period, 155 were dismissed, leaving 161 in the Asylum. Recoveries, 82; much improved, 14; improved, 7; not improved, 25. Deaths, 23. From 1837 to 1848, 1696 were admitted, 1607 discharged, 184 died, 535 were much improved, and 884 recovered.

Throughout, Dr. Bell's report is a model one—being concise, clear, and free from phantasmagoric exhibitions.

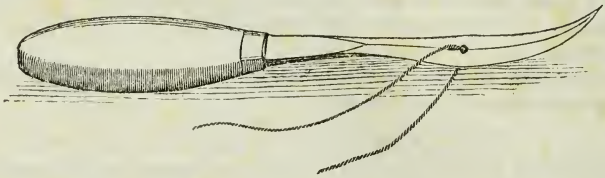
Dr. Van Dyke's Valedictory.—This closing discourse to the graduates of the Philadelphia College of Medicine, is in keeping with a series of the same admirable lectures, on similar occasions, the present season. Dr. Van Dyke holds the chair of Materia Medica and Therapeutics. This production shows that he is no drone in the hive of science; on the contrary, with an ardor that never tires, with a buoyant hope, he exhibits a chart of duties, and shows how they are to be fulfilled, and the certainty of the reward that follows well-doing.

Brown's Practical Chemistry.—It so happens that a good book, like some great men, are overlooked on account of a modest, unpretending exterior. "An introduction to Practical Chemistry, including Analysis, by John E. Brown, Demonstrator of Chemistry in King's College, London," is a point in case.

Mr. Brown's plan is to teach the student those processes employed in analysis. If there is any thing difficult in the science of chemistry, it is the commencement. With this volume before him, the inquirer into nature's secrets has in the first chapter, pneumatic chemistry; second, distillation; third, glass-working; fourth, experiments with the blow-pipe; fifth, specific gravity; sixth, heating substances in gases; seventh, alkalimetry and acidimetry. In Part II., metals, inorganic acids, organic acids. The 3d, 4th and 5th parts are rich. Lastly, comes an Appendix that would be very popular with most manipulating chemists, were it given in a work by itself. As a whole, those best acquainted with the science of which the book treats, will probably concur in opinion, that it has strong claims upon those who cultivate chemistry methodically and with a determination to comprehend its laws.

Wheat Grits.—A synopsis of Dr. Warren's arguments in favor of cracked wheat for obviating one of the maladies peculiar to refined society, viz., dyspepsia, which appeared in this Journal several weeks since, has been extensively copied into the papers of the day, and diffused over the land. It may be that it has turned the attention of flour manufacturers to the matter of preparing the grits more economically, that all persons suffering from indigestion may have it in their power to procure this new remedy. Messrs. S. and S. Jackson & Co., No. 22 Long Wharf, have the agency for the sale of an excellent article, put up in small packages and boxes. Second-hand dealers, grocers, and especially families, will be sure of having the very best kind of prepared wheat, by sending to that store. Physicians in the country may confer a favor on their patients by disseminating this information.

Dr. Smilie's Seton Needle.—Below is a drawing of a seton needle, invented in 1844 by E. R. Smilie, now extensively used in hospital and general surgical practice.



The following is the original description:—It is like the old instrument at the point, but has an eye for carrying the tape towards the point, instead of being, as usual, at the stump extremity. It has a handle, by which the lancet-shaped blade is forced through the skin—and the thread being taken hold of by the fingers, the needle is withdrawn. We invite for it the inspection of the profession.

Medical Miscellany.—At the recent termination of the lecture term of the Jefferson Medical College, at Philadelphia, 188 were admitted to the degree of M.D.—A soldier, Thomas Pennicock, lately died in the Chichester (England) Poor House, at the age of 102. He was in the battle of Bunker Hill.—A Dr. Prefontaine, of St. Louis, for challenging a gentleman to fight a duel, has been arrested and held to bail in $3000 for trial. —A Dr. J. W. Redfield has been lecturing at New York, on physiognomy.—Dr. Douglass, Commissioner of Public Buildings, at Washington, has been removed.—Dr. Cuervo is a candidate for the presidency of New Grenada.—Dr. D. Meredith Reese and Dr. John T. Metcalf have been chosen by the Medical Board of Bellevue Hospital, N. Y., delegates to the American Medical Association, to be held in Boston.—A hospital has been established at Panama for sick emigrants. They are attended free of charge.—It is estimated from the returns that there are nearly two millions of paupers in England. But the prospects of that country, in this respect, are brightening, while ours are becoming darker. Their paupers are landing here daily, in multitudes, and we are compelled to feed and clothe them; but public indignation cannot always be kept so quiet as at present. —The French journals of the 20th ult. say that 10 cases of cholera were declared at the Hospital de la Charité, that several cases had occurred in the army, and that about 50 deaths had taken place in private houses.—Prof. Yandell, of Louisville, Ky., has become sole editor of the Western Journal of Medicine and Surgery. Drs. Drake and Colescott have both withdrawn from it.—Cod-liver oil is constantly gaining favor in the treatment of pulmonary consumption. An opinion was suggested at a meeting of the Westminster Medical Society, Eng., that by keeping up the tone of the system it arrested the deposition of tubercular matter.—Under the new emigrant law of New York, a physician of the hospital is to be appointed, with a salary of $6000 per annum. The health officer, who is to do nothing but board vessels and designate who should be sent to the hospital, and who not, receives his fees, as before, on the tonnage of the vessel, which are said to have been $70,000 last year. They were $25,000 some years ago, when Dr. Doane held the office.—The degree of Doctor of Medicine was conferred, in the Medical College of Georgia, on 18 gentlemen, on the 20th of March. Attending the course just closed were 133 students, of whom 100 were from Georgia, 18 from South Carolina, 12 from Alabama, 1 from Texas, 1 from Virginia, and 1 from New York.

To Correspondents.—Dr. Dawson's paper on Asiatic Cholera, Dr. Castle's on Ship Fever, and a report of Mr. Hays's analysis of different preparations of sarsaparilla, have been received.

Married,—Geo. A. Peters, M.D, of New York, to Miss J. Coggill.

Died,—At Lewistown, Penn., Dr. John C. Reynolds, late U. S. Surgeon in the Mexican war.—At Tallahasse, Florida, John P. Wallace, M.D., of Brooklyn, N. Y., 27.—At Havana, Dr. Thomas Moray, a distinguished and accomplished man.

Report of Deaths in Boston—for the week ending April 14th, 80.—Males, 41—females, 39.—Of consumption, 17—measles, 14—scarlet fever, 4—lung fever, 3—typhus fever, 3—brain fever, 1—typhoid fever, 1—remittent fever, 1—scrofula, 3—erysipelas, 2—old age, 2—accidental, 2—debility, 1—epilepsy, 1—intemperance, 1—throat distemper, 1—inflammation of the bowels, 2—teething, 1—marasmus, 2—hæmorrhage from lungs, 1—child bed, 2—infantile, 4—inflammation of the lungs, 1—convulsions, 3—inflammation of the brain, 1—dropsy on the brain, 2—smallpox, 1—chronic diarrhœa, 1—gastro enteritis, 1—unknown, 2.

Under 5 years, 34—between 5 and 20 years, 12—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 3.

Buffalo Hospital of the Sisters of Charity.—As its title imports, this hospital is placed under the executive management of the Sisters of Charity. The sister superior, or, as she is called, the *sister servant*, has the direction of the interior affairs of the Institution. Associated with her, for ministration to the necessities and comfort of the sick, are, at present, four sisters of the order. The fact that the services of these intelligent, educated, and pious sisters are bestowed without compensation, conduces greatly to the economy of the Institution; but aside from this, the same capabilities and fidelity could not be purchased by any pecuniary consideration. No salary, however great, could afford a substitute for motives derived from the religious obligations which actuate these devoted females to consecrate their lives to the offices of charity. The general affairs of the hospital, exclusive of the interior details, are under the control of a board of directors, acting in conjunction with the Bishop of the Roman Catholic Church in the diocess of Buffalo. By the philanthropic efforts of the latter, the Institution has been created. It is a Catholic Institution, in the denominational sense of that term; but it is, at the same time, Catholic in a broader sense than when the term is applied to designate a particular denomination of Christians. It is, in other words, in no manner exclusive. It extends relief to the sick of all creeds, and of no creed, making no discrimination on the score of religious, or non-religious professions. Patients are always at liberty to elect their own spiritual counsellors, and every facility is afforded for the gratification of their wishes in this respect. We can testify to a degree of delicacy and unobtrusiveness in this particular, which should satisfy the most fastidious, if not the most uncharitable. Funeral services, in cases of deaths, are also performed by clergymen of any, and all denominations.

Medical and surgical services are furnished by the Medical Faculty of the University of Buffalo, and are gratuitously rendered.

Clinical instruction, as one of the beneficent purposes of public institutions of this character, not least in importance, enters into the enlightened policy with which this hospital is conducted. Students in attendance at the Medical College are permitted to visit the wards in company with the attending surgeon and physician at stated periods, on payment of a small fee, for the benefit of the hospital. Clinical lectures at the bedside, however, are not permitted, and, as we think, with great propriety. To comment at length on the diagnosis, pathology, prognosis, etc., of cases, in the hearing of the patient, is a custom which is revolting to humanity, and should always, in our humble opinion, be interdicted.

This Institution was opened for the reception of patients in August, 1848. Up to the 22d of August, two patients only had been received. Inclusive of these, from the 22d August to the 21st February, 1849 (inclusive), the number of patients was *one hundred and twenty-one.*

Of the whole number, *sixty-one* were charity patients. For *sixty*, compensation was received, generally at the minimum rates prescribed by the regulations of the Hospital.

Nativity.—Americans, 37; Irish, 43; Germans, 19; Canadians, 3; English, 2; Scotch, 1; French, 1; Unknown, 13.—Total, 121.

Results.—Recovered, 60; improved, 26; not improved, 1; absconded, 1; died, 15; remaining, 18.

The Directors are grateful to Providence, and to a charitable public, for having been enabled, thus far, to carry on an Institution, which, although yet in its infancy, they have reason to believe has saved the lives of many. —*Buffalo Medical Journal.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XL. Wednesday, April 25, 1849. No. 12.

EXTRACT FROM A DISSERTATION ON THE THEORY OF CHOLERA —ASIATICA EPIDEMICA.

Read before the Medico-Chirurgical College of Philadelphia, by John Dawson, M.D., Member of the Medico-Chirurgical College of Philadelphia, of the Northern Medical Association, and of the Philadelphia County Medical Society.

CHAPTER IV.

I.—We come now to a consideration of the *cause* of cholera.

(a) The *efficient* cause, or promoter of this disease, we conceive to be purely atmospherical, aerial, or gaseous. "The air," it has been very appropriately and philosophically expressed, "is a very heterogeneous mixture, being filled with vapors of all kinds." The experiments hitherto made to detect the presence of any new combination of particles, or extraneous matters, in the air, supposed to be impregnated with some deleterious agent, have been wholly unsatisfactory. Shall we thence conclude that anything of this nature is improbable? Because the eye of an investigator does not now see it, or appreciate it, therefore is it impossible and utterly denied? As well, perhaps, might we dispute the existence of a spirit in man, because we cannot clearly distinguish it.

(b) Speculations have already been advanced by medical men in India and in Europe, to the effect that it is attributable to a deficiency of oxygen and an increase of nitrogen and carbonic acid. It may, or it may not, be so. But, admitting to some extent the correctness of this supposition, the greater probability in our estimation is, that there is a peculiar, special or extraordinary arrangement of aeriform fluids, effected by laws governing chemical, electrical and magnetical action under certain conditions, whereby a new mixture is introduced, or produced, within a given space, in remote tropical regions of Asia. These agencies are constantly operating in the great laboratory of the atmosphere, and are doubtless influenced by the opposite extremes of heat and cold, by dryness and moisture, by the ordinary elasticity and compressibility of gases, by molecular forces and affinities, acting and re-acting between the simple elementary particles themselves.

(c) Now, the question arises, is there any potency or power in these causes or agencies, so to affect the constituents of the air as to alter or change them in any degree?

(d) Experimental chemists usually put down results ascertained in the laboratory. But the room of an investigator, and a position five,

six or ten miles above the surface of the earth, are very dissimilar in character, which may so modify results as to sanction some difference on that account. A chemical result derived in one place, by agencies which may be appreciated by the senses, or tests that are employed, may be entirely different under another class of circumstances, which cannot be exactly known. Farther, all the exciting, disturbing, or deranging influences are not and cannot be precisely identical in the two situations. The most virulent poisons, when analyzed, are found to be identical in their elementary components and equivalents, with some of the most cherished nutritious articles in common use. In this case, the molecular arrangement between the particles composing the masses, being different, constitutes the wide dissimilarity in their inherent virtues and effects.

(e) With this distinction understood, we can trace more clearly the action of electricity on simple gaseous substances, so as to produce new combinations or arrangements between them. The decomposition of water can, of course, be effected by this agency, whereby that useful compound is dissolved into its two primary gaseous forms. Certain bodies embraced in the organic as well as the inorganic divisions of nature, may be made to exhibit the phenomena of magnetism by the influence of electrical currents. We mean by this observation, that the operations of electricity and magnetism are precisely identical in some respects. These are established facts according to the present received systems of the electrical and electro-magnetical sciences.

Recognizing then the air, as we find it, to be a compound of definite proportions or equivalents, of boundless atoms, consisting of nitrogen, oxygen, carbonic acid, and other principles, or elementary constituents, occasionally existing in it to a limited extent (as for instance, one of the components of water, viz., hydrogen found in vapors, a trace of free ammonia, which could readily be formed by the union of nitrogen and hydrogen), we have the subtle forces of electricity and electro-magnetism, and the inherent chemical powers of gaseous substances, to effect, by an active conjunction of atoms, any specific change to a circumscribed limit, in the ordinary physical arrangement of the atmosphere. This alteration may and does take place, we believe, and the result is the elimination of an indefinite amount, or bulk, of a pernicious gaseous matter, which is inimical, under certain favoring conditions, to human life. Having thus been generated, we suppose it to possess qualities or properties of inherent molecular affinity or attraction, somewhat, perhaps, of an electro-magnetic character, precluding its ready or easy admixture with the surrounding volume of atmosphere pressing against it. This poisoned air then travels in veins, layers or strata, to use a geological term—moving at a fixed rate, or remaining stationary for a time, according to the varying state of the air, to the velocity or comparative rest of the exterior currents, but not susceptible of commingling or readily mixing with them, though capable of division into lesser portions, and that these agglomerate masses move nearer or farther from the earth's surface, in proportion to the existing density or rarity of the superincumbent innoxious air.

II.—Might we not here be permitted to remark, that if watery vapors

can be carried through the air from one distant point to another, as in the instance of incipient showers of rain, or the elements of water drawn up from the ocean to a cloud, by the visible phenomenon of a water spout, and conveyed away to a distance, why is it, it may be inquired, either improbable, or impossible, that any analogous aerial, or peculiar gaseous compound, should not also be transmitted along the same comparatively unobstructed highway? On these grounds, therefore, we infer, that its movements are similar to those of clouds, containing the elementary constituents of water, which float through the air, while portions may occasionally be thrown down, or precipitated, but not absorbed by the ground, as in the case of water.

III.—In short, it is neither unphilosophical nor irrational to conjecture that the injurious compound of gaseous matter, which occasions the disease, prepared or separated from the elementary bodies previously described, proceeds in its peregrinations, as an invisible *cholera cloud*, after the similitude of veins, or layers, here resting on the bosom of the earth, and there rising upwards, as the exterior currents, or volumes of atmospherical air—their weight, pressure or force, being duly considered—favor its course in one or the other direction. And in its progress, or transit from country to country, it is probably split up, divided and subdivided by means of mountains, lofty hills or forests, or other obstructions, which it might perchance encounter. Ultimately, the "cholera cloud" (a name we have given it for want of a better) and its several fragments get decomposed, neutralized, or lost, so to speak, at particular spots as yet undetermined, by the surrounding particles of pure air, when favorably arranged, and sufficiently concentrated within a given space, for the accomplishment of that specific change. After the fashion in which it was originally generated, electrical action, besides some influences pertaining to sudden, excessive and violent atmospherical changes, as heavy rains, storms, &c., doubtless aid in this purifying process and result.

IV.—Considering the fickleness hitherto observed in the movements and manner of development of the disease, by its suddenly breaking out in one place, and not in another; by its presenting itself in one spot, subsiding altogether and then returning; by its passing one particular town, city or village, or series of them, and appearing in others, which might seem to be out of its ordinary or expected track, we believe some hypothesis like that adopted in this theory, would alone account for all the irregularities indicated.

V.—With one general remark respecting the peculiarities of the atmosphere, we will quit this section of our subject. The most indifferent spectator must feel convinced of the fact, by one moment's reflection, that certain atmospherical phenomena are among the most striking and vivid of nature's operations and works. Who, that looks abroad on a summer's day, on the beautiful blue arch of heaven, adorned with its silvery hues, and radiant with glittering sunbeams, and then suddenly beholds the whole scene changed into one that is dark, yet magnificent with stormy splendor, and does not realize that those elementary things, which are in commotion before him, and which, in some respects, he sees, he

hears and feels, are capable of assuming, under the force possibly of irregular laws, in remote, unwholesome regions of the air, forms, shapes and character, that might palsy his heart's blood, and destroy his being? He scans, with thoughtful eye, the massy clouds, now spreading their vapory wings both far and high, forbidding oft even the very entrance of a ray of light. They are black and charged with an imponderable element. Presently he sees the flashing fires of electricity, and hears its thundering peals, and yet, perhaps, the custom is to say, it were a thing incredible, that out of that boundless store of varied atoms, an arrangement, combination, modification, or change could take place, whereby there was produced a given volume of an injurious mixture, possessing a deadly power over the human system, and working death to millions of mankind! It is no fiction. The picture is true to life!

APPARATUS FOR THE TREATMENT OF FRACTURES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the last volume of your Journal, Dr. George O. Jarvis has detailed an account of an operation performed by him with his "adjuster," so called, followed by remarks, in which he attempts to make it appear that his *principle* of operating is new, an invention of his own, never known or used before his time; and that his machine is the only means now in existence proper to be used in the treatment of fractures and dislocations. I have also read in several former numbers of the Journal various notices of this apparatus, some having Dr. Jarvis's proper signature, and others without it, of which he might or might not be the author; all tending to extol the proprietor and recommend the machine as a *sine qua non* in the proper treatment of fractures and dislocations. The "adjuster" has been advertised for several years, and I believe great numbers have been sold, and I do not recollect of seeing anything in your pages calling in question the merits which its proprietor claims for it. In the last number of the Journal it is stated that George Kellogg, Esq., of Derby, Conn., has compiled a treatise illustrating the benefits of Dr. Jarvis's surgical adjuster.

I have not the pleasure of knowing Dr. Jarvis, nor do I know what reputation his apparatus may sustain abroad; but for myself I am not ready to believe that it exhibits the discovery or application of any new principle, or that it is the *only* or even the *best* means proper to be employed in the treatment of fractures and dislocations. Ample time has been allowed for its trial; and if it is all that the proprietor represents it to be, its merits ought by this time to be so well known as to render further puffs unnecessary. The subject is certainly of sufficient importance to deserve investigation; and if this contrivance is of so much importance to the profession, let it be acknowledged—if not, let it be known.

In the first place, let us inquire what philosophical or mechanical principle has been for the first time applied in the use of this machine. Extension and counter-extension have always been the principal means

employed in the reduction of dislocations. When the contraction of the muscles which confine the limb in its abnormal situation has been overcome by these means, the proximal extremity of the dislocated bone is moved laterally as much as may be necessary to allow the muscles, when the traction is discontinued, to carry the bone back to its normal situation. Various appliances have been employed by different individuals, at different times; muscular force and every mechanical power has been tried, all for the same purpose, and upon the very same *principle*. But Dr. Jarvis tells us that his machine enables the muscles to *assist* in the reduction. Have not the muscles always assisted in restoring the limb to its normal position, when extension and counter-extension have been made by other means? What but the action of the muscles ever forces the dislocated head of a bone back to its socket? But Dr. Jarvis tells us that his machine acts upon true philosophical principles, by applying the force in the line of the axis of the limb. So do various other means; and if some do not act precisely in the line of the axis of the dislocated portion of a limb, it may be sufficiently near for any practical purpose; and indeed there are very many instances in which such an application of power would be injurious. The head of a dislocated bone may be entangled in ligaments and muscles, from which it must be disengaged by other means; and besides, the line of the axis of the dislocated portion of a limb is not always parallel with the axis of the muscles whose contraction is to be overcome. But if it were necessary that the force applied should always operate in the exact line of the shaft of the bone, Jarvis's one-machine for all sorts of dislocations and fractures, in subjects of all ages and sizes, will not accomplish the object. In the reduction of fractures and dislocations, that method is best which requires the least use of force; and for this purpose different cases often require different means. It is acknowledged that his machine will enable a single individual to use immense force of extension and counter-extension, and some might be led to suppose that its value was in proportion to its power. This might be true of a machine for raising rocks, but is not true in this case. It is not so much an increase of power that is wanted in this department of surgery, as a knowledge of the best means to dispense with its use. Irreparable mischief has often been done by the application of too great force in attempts at reduction; anatomical cabinets abound with many sad examples of this kind. The shoulder had better remain dislocated, and allowed to accommodate itself to its new position, by which it will in time acquire a tolerable degree of usefulness, than to be reduced by a force that lacerates its ligaments, paralyzes its muscles, and renders the limb ever afterwards powerless. From these considerations the most skilful surgeons have ever been cautious and sparing in the use of force; and therefore bleeding, warm baths and nausea have long been in use to produce relaxation, and render the least possible force necessary—and now ether and chloroform are employed for the same purpose. Sir Astley Cooper, whose experience in this department of surgery has never been surpassed, always had recourse to more or less of these means in every difficult dislocation. Universal experience confirms the wisdom of this

practice, and shows that all recent dislocations may by such means be generally reduced without difficulty.

In dislocations of the shoulder, Dr. Jarvis seems to suppose that the capsular ligament is ruptured longitudinally, and that the head of the humerus passes through the slit, which soon closes up and shuts the head of the bone out of the glenoid cavity, and hinders a reduction by ordinary means; and that by the use of his apparatus, the muscles of the arm are made to drive the head of the bone back again. Another longitudinal slit is made, and "all is right." This specious hypothesis is untrue in fact, and dangerous in its consequences. The anatomy of the part, as well as *post-mortem* examinations, show that such is not the case, and that the head of the humerus is not likely thus to suffer occlusion. The capsular ligament is more likely to be torn from its attachments than separated in its centre; nor is it possible that the head of the humerus should by such means be entirely shut out from its cavity—and even if such a case should occur, nothing but dissection could show it, and it would not be reasonable to suppose that the blunt head of that bone could by such means be made to pierce the ligament, to use the language of Dr. Jarvis, "as an arrow does a board." If the ligament intervened between the head of the humerus and the glenoid cavity, it would be pressed against a surface but slightly concave; the scapula being loose would recede from the force of the blow, and the ligament being elastic would yield to the pressure, without the possibility of a longitudinal division. There is no doubt but by long-continued and violent extension, and by using the arm as a lever, the ligament may be torn from its attachments, and by such means the head of the bone, being thus set at liberty, might be carried into or near its normal situation. But all experience proves that a permanent dislocation is preferable to the risk of such an operation.

Dr. Jarvis is the patentee proprietor, and claims to be the inventor, of this instrument, which he has named "adjuster." Now let me ask what part of this apparatus has he a right to claim as his original invention? Not the double-inclined plane, certainly, because this has been in general use for a long time. The fracture shoe is also an old affair, and not really worth more than any other old shoe, unless a pair of them might be needed for some masquerade ball. But the rack-bar and pinion wheel seem to be the grand arcana, the body and soul of the whole apparatus; and these were invented and used by M. Belloq in France more than a century ago! It may be that the rack and pinion of Belloq were not so nicely wrought, so finely polished, or so judiciously applied; but the principle upon which they operated was the same. It is possible that some of the forks, perhaps that for the elbow, may be original; for I presume that nobody ever saw anything exactly like it before.

I do not say that this apparatus is worth nothing at all; but I do say that very little if any part of it is the original invention of Dr. Jarvis, and that it is not by any means *indispensable* in the treatment of fractures and dislocations. What if he has succeeded in reducing dislocations which had resisted some other means in the hands of some other

men? This is no just argument against all other means and all other men; for other men and other means not employed might have succeeded as well or better.

One great reason why attempts to reduce grave luxations so often fail, is because the force is too rashly applied, and too soon abandoned. Dr. Jarvis applies the force gradually and steadily for a long time; muscular contractions and tendinous rigidity are slowly overcome, but they yield by degrees to confinued force, and at length the object is attained. And this patient, determined perseverance, is the secret of his success, especially in old cases. In the getting up and distribution of this apparatus, Dr. Jarvis has shown a laudable perseverance. The Adjuster seems to have been his "one idea." With it he has traversed the globe, and exhibited this specimen of yankee ingenuity to the savans of Europe, who no doubt regarded it as a *curiosity;* but I think he is much mistaken if he regards English urbanity and French courtesy as so many evidences in favor of his machine. I am aware that he exhibits a proud array of splendid testimonials, and that he received a gold medal from the hand of Prince Albert. Yet, after all, I am obliged to regard this patented one-remedy for fractures and dislocations of all kinds, as belonging to the great family of yankee humbugs, which has now become very large. I entertain a strong aversion to whatever is patented in medicine, whether therapeutical or surgical, and I am confident that in many instances the principal value of the article consists in the fact that it is patented.

Although the members of our profession are generally pretty well supplied with the adjuster, yet, so far as I can learn, it is but little used in hospital or private practice. Many a purchaser would be glad to dispose of it at a large discount, and for various reasons I am satisfied that it can never go into extensive use. Many a young graduate, fascinated with the exhibition of so much polished machinery, so nicely packed in its mahogany box, and enchanted by the gorgeous catalogue of high testimonials, collected by the proprietor, has been led to suppose that his very first object, after paying for his diploma, should be to purchase Dr. Jarvis's Surgical Adjuster; thinking, perhaps, that the possession of this would contribute to his reputation as a surgeon, about as much as a tour to Europe. It is time, I think, that this mistake was corrected, and the younger members of the profession, who are the principal purchasers, and who are often illy able to pay this tax, should be informed that they may, without disparagement to themselves or injustice to their patients, wholly dispense with this apparatus.

Perhaps I may be asked, what other means shall be employed? I am not now giving a lecture upon the treatment of fractures and dislocations, nor shall I enter into a consideration of the advantages and disadvantages of different methods. Some diversity of treatment is observed in hospital and private practice, and eminent operators are often partial to their own peculiar means. The January number of the London Lancet, which is certainly very high authority, contains engravings showing that the methods now employed there in dislocations of the hip and shoulder, are, with slight variations, the same that were used by Sir

Astley Cooper, recommended by Fergusson and others, and now in general use throughout Great Britain, France and America. In addition to the ordinary means, the surgeon may see, on the counter at Mr. Burnett's, 33 Tremont Row, Boston, an apparatus similar to one that I have used for many years, which I think has all the advantages that belong to the adjuster, whilst it is much more simple, lighter and cheaper, is less liable to injury from use, and can be worn if necessary with less inconvenience. As this instrument is offered freely for public inspection, it is not necessary for me to describe it, nor shall I have the arrogance to assert that this is better than anything else. Physicians and surgeons can examine it for themselves, and judge of it as they think proper. I will only say that such is the apparatus which I have used for many years, and always to my entire satisfaction; it can be adapted to a great variety of cases, and is, I think, worth much more than Jarvis's adjuster, although it will not cost much more than one quarter the price demanded for his. It is not and will not be patented. If the plan is worth anything, it is free to all who may see fit to use it. The specimen seen at Mr. Burnett's was manufactured by Mr. George B. Foster, of this place, who will furnish others, if required, at a reasonable price; or any surgeon can employ his own favorite machinist. It can be used by any competent surgeon, without a volume of lectures and directions, and it will not be found necessary to use two instruments at the same time, as Dr. Jarvis recommends in dislocations of the elbow.

Taunton, March, 1849. DAN KING.

A REPORT OF CHEMICAL ANALYSES AND EXAMINATIONS OF FOUR SAMPLES OF SARSAPARILLA.

MADE BY REQUEST OF MESSRS. EDWARD BRINLEY & CO., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE samples, which were the subjects of experiment, were purchased by myself from Messrs. Carleton & Hovey, of Lowell, and are such as are sold by the most respectable apothecaries. They are compounds of medicinal roots and barks, with sweet syrups, alcohol and volatile oils. Strictly, their relative values are respectively as the quantity of extract of sarsaparilla in each sample; but as compound medicines, they may have curative powers, not dependent on the presence of sarsaparilla. In the experiments, no exact weight of sarsaparilla could be separated, but an approximative result was obtained by using equal weights of the dry extract from each, and relying on *only one* character of sarsaparilla.

1st. *Sands's Sarsaparilla*, prepared and sold by A. B. & D. Sands, New York.

A clear light-brown fluid, having the odor of winter green; an aromatic, with bitter taste. 33 ounces were contained in each bottle. The fluid has a sp. gr. compared with water of 1.1014. In 100 parts of the fluid, $35\frac{06}{100}$ of solid matter dried at 180° F., existed. From 100 parts of the fluid $16\frac{45}{100}$ of absolute alcohol, or about 35 per cent. of proof spirit, were obtained. The dried extract contained no metallic

compound, but consisted mostly of sweet syrup, extracts of bitter and aromatic substances, with sarsaparilla. The preparation has, in some respects, the character of a tincture, as water does not give a clear fluid with its extract.

2d. *Old Dr. Townsend's Compound Syrup of Sarsaparilla*, New York.

This was a clear dark-brown syrup, having a sp. gravity of 1.095. Odor of winter green, and a taste of aromatics, with slightly bitter substances. About 30 oz. are contained in each bottle. 100 parts contain 35 parts of extract dried at 180° F., and this consists of sugar, syrup, extract of roots or barks, and probably senna, with sarsaparilla. 100 parts afforded $8\frac{35}{100}$ pure alcohol, or about 18 of proof spirit. No metallic compounds could be detected.

3d. *Dr. Townsend's Sarsaparilla*, Albany, N. Y., in nearly black bottles. This syrup, when received, exhibited a slight degree of fermentation. Placed in a warm stove at 90° F., it fermented; the alcohol and molasses passed into acetic acid, or vinegar. It was a turbid, dark-brown fluid, with odor of winter green. Its taste sweet, with a slight earthy impression. Each bottle contains 30 oz. of the fluid. 100 parts of the fluid afford $23\frac{1}{10}$ parts of extract, dried at 180° F. This extract is composed of molasses, extract of roots, or barks, and probably senna with sarsaparilla. The proportion of molasses is large, and no sugar could be detected. Excepting this variation, the general properties were those of No. 2. 100 parts afforded $11\frac{2}{}$ parts pure alcohol, or about 25 parts of proof spirit.

4th. *Corbett's Shakers' Compound Concentrated Syrup of Sarsaparilla.*

The samples were a clear brown syrup, having the odor of mixed oils of sassafras and winter green; taste sweet, with the acrid and bitter of sarsaparilla. The fluid has a sp. gr. of 1.1968. 12 oz. were contained in each bottle. 100 parts afforded about 5 of pure alcohol, or 11 per cent of proof spirit. 100 parts were reduced to 55 parts, dried at 180° F. This extract was quite compound in composition, and afforded sugar, extracts of roots or barks, iodide of potassium and compounds of magnesia, sassafras and sarsaparilla. The odor denoted that the ingredients had been used from a fresh, or well-preserved state. No metallic taint, or compound, existed in it. At my request, the formula for this preparation was placed in my hands, and with this for a guide, it was easy to learn that a strict adherence to its terms had been complied with by the proprietor; indeed, few preparations of a compound character exist, where so much skill and knowledge are shown in the selection of the substances and mode of combining them.

The study of the medicinal effects of all these compound solutions containing sarsaparilla, belongs to the practitioner; and in this instance every facility has been offered to some of our most accurate observers, and on their high estimate of its value, I am disposed to rely.

I have alluded to one mode of approximating to the relative proportions of sarsaparilla, in the different compounds compared. By this I

find equal weights of the dried extracts, from the above-named preparations, to afford indications thus:—

Corbett's - - - - -	80.
Sands's - - - - - -	62.
Old Dr. Townsend's - - -	50.
Dr. Townsend's - - - -	44.

I give these as the only determinations I have been able to make, and they may not prove to be strictly accurate. Respectfully,

8th March, 1849. AUG. A. HAYES, *State Assayer.*

TREATMENT OF MALARIOUS DISEASES AT THE WEST.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 164.]

PIPERINE has been a favorite with a few physicians; but it is only adapted to some forms of intermittents, and is very uncertain in its curative properties. As an adjuvant in the latter stages of fever, where great torpor of the circulation prevails, it may be a good addition to a prescription, but can never hold any rank at all with quinine in the essential qualities of a febrifuge.

Salacine has been quite extensively tried; but its uncertainty and the large doses required, place it much lower in the scale of remedies now than its advocates had any conception of when it was first introduced into practice. On the score of economy, it is not likely to supersede quinine, if it were as efficacious a remedy. Salacine will figure most, I apprehend, in adulterating quinine; and western physicians may thank their fortune, and western patients too, for that matter, if no worse substance be used for that purpose.

Strychnine has within a few years been employed in the West, in the treatment of intermittent fever. But the opinions regarding its use are quite contradictory; some having great confidence, and are generally successful, if we are to credit their reports, while quite the reverse is the testimony of others. One thing is quite certain—it is too dangerous a medicine for every-day use, and if it does not kill some patients outright, it may produce effects far worse than the disease for which it is given.

Arsenic has been quite extensively employed, from time to time, especially when it was difficult to procure quinine; but it only answers in a limited range of treatment, and is admissible only in the intermittent form of malarious diseases. In some cases of neuralgia, or headache of a malarious origin, it has been found serviceable; but its long-continued employment is apt to derange the digestive organs, and induce dropsy and cachexia. And in the hands of a rash practitioner, it may make a most unpleasant and even a fatal dose.

These are the principal and most common articles prescribed in the West for fevers. But as they are continually relapsing, after being broken up, it is quite advisable that some medicine shall be fixed upon, not only to arrest the fever, but to prevent a return. I have already mentioned the method of giving quinia at stated periods after its first exhibi-

tion, but it will not always prevent its return. Some medical men prefer Peruvian bark, either in powder, decoction or tincture; while others prefer the extract of cinchona. It is found, on experience, that the bark, in substance or extract, is a far better tonic than quinine, and therefore better to brace the system against relapses; while it is far inferior to quinine in arresting the fever.

From the universal prevalence of fever throughout the West, physicians there become very skilful in its treatment; and it is a most fortunate thing that this is the case—for should the fevers be as protracted and tedious as are some of the typhus and typhoid fevers of the East, there would not be medical men enough to attend to a tithe of the cases which happen almost annually throughout the broad West. One physician informed me that he saw and prescribed for 6500 patients with fever in one year, and that in a country practice in a circle of 30 miles, and three fourths of the cases occurred within the months of August, September and October—the visits averaging one and a half to each patient. In this time he dealt out to these patients 150 ounces of sulphate of quinine, at a cost of $375,00, or at the rate of $2,50 per ounce. But this was nearly the whole cost, or at least was a great proportion. The next most expensive article was morphine, which amounted to 24 drachms, or three ounces, at $3,75 the ounce, amounting to $10,75. The next on the list was extract of Peruvian bark, at 50 cents the ounce, 10 ounces—$5,00. Salacine, four ounces, at $1,50 per ounce—$6,00. Piperine, two ounces, at $1,50. Turkey rhubarb, two pounds, $2,50, or $1,25 per pound. Aloes succotine one pound, ipecac. one and a half pound, calomel one quarter of a pound, blue mass one and a half pound. A few other unimportant articles made up the medicines used in the treatment of these 6500 cases of fever. A country practice at the West is entirely different from one at the East, for the physician is expected to furnish all the medicines which he prescribes for his patient, even to the castor oil and Epsom salts, and must carry it with him ready to dispense at once. In the cities and large villages this practice, of course, is not in vogue. The small quantity of calomel on the above list will strike many with astonishment, especially those who have considered western physicians as particularly expert in its prescription. I do not wish it to be understood that the small quantity used in this particular instance is by any means the ordinary quantity in such cases. There are those who yet use this article very freely, too much so for their patients' good, no doubt. But still I am inclined to think that its use is much less now than it was a few years since, and restricted to a rational and better-understood pathology. And what is strange, yet perfectly consistent with quackery, those who clamor the most loudly against its employment, probably deal out the most, but do it in disguise. These empirics have the greatest number of sloughing gums, cheeks and lips, all the while protesting against the use of calomel. What I assert can be most amply proved by the testimony of great numbers of the most respectable witnesses.

Cathartics of any description are more seldom employed by the judicious and educated physician than formerly. They are restricted to

those cases where costiveness, or an over-loaded stomach and bowels, imperiously demand their administration, and are not used merely for the purpose of doing *something*. Most of the physicians who are celebrated in the treatment of malarious complaints, are careful to preserve the mucous membranes of the alimentary canal intact; for experience teaches that those cases which are not broken up by quinine in the early stages of the fever, owe their continuance, in a majority of instances, to an acute, sub-acute or chronic form of gastro-enteritis, and brought on probably by injudicious emesis or catharsis, or both. Emetics are as pernicious as cathartics, especially when lobelia or tartrate of antimony is employed, and cases of their use are too numerous to escape the observation of the public, who estimate correctly their true value. I am not condemning emetics or cathartics in total, in malarious fevers; but the cases are extremely rare where they do good, and generally they do decided harm. Tartrate of antimony should never be used as an emetic, or even in small doses, where the mucous membranes of the stomach and bowels are inflamed. But I regret to be obliged to say that there is a class of practitioners who not only use tartrate of antimony, as an emetic in fever, but also combine it with some cathartic medicine, as aloes, jalap, calomel, &c., making the most villainous, death-dealing compound which ingenuity can devise. Of all the medicines which the physician uses, the most pernicious is probably that once popular compound, calomel and jalap. It seems strange that in these days, with the light of pathology strongly shining on us, a living specimen of this barbarous practice can be found in the land. Yet it is nevertheless true, and their number is quite too many. I know of but one or two instances where this composition is used with any show of plausibility, and that is in some forms of dropsy—anasarca, for instance—and perhaps some cases of ascites. But its use in fever, or to relieve a foul stomach, though it may operate to our heart's content, is anything but judicious. True, patients live through it, and may even get relief when oppressed with bile or foul substances in the prima viæ; but wo unto him if the mucous membranes are in an irritable and inflamed state, for it cannot fail of aggravating the disease. With all due deference to the memory of Dr. Benjamin Rush, I must be permitted to give it as my humble opinion that the ten grains of calomel and fifteen of jalap have done infinitely more harm than good, not to mention the bloodletting which preceded the administration of his favorite compound. Rush's practice was probably successful in the day when he used it; but I question whether it was more so than Wistar's and Physick's who pursued a far different, and in my opinion more judicious practice. Contemporary practitioners give Wistar, Physick and others, who treated fever in a different manner, an amount of success which left Rush and his followers far in the rear. But the modesty of Wistar and his advocates was as admirable a trait in their characters as was the excellence of their treatment; while the loud and sounding praises of Rush and his followers were trumpeted forth with an energy only equalled by the activity and perseverance of their treatment. If men had simply *imitated* Rush, and had applied his genius and his discrimination in practice, we might not have to complain

of so many failures or disasters in treating fever; but the fact is, a man of ardent and impetuous temperament sometimes adopts the dogmas of another, who, perhaps, is of like or similar disposition, and now he applies his whole energies to his doctrines and principles, and very often, for want of ballast or judgment, will go far beyond the most liberal construction of his prototype. Many a physician has out-Rushed Rush himself in bloodletting and purgatives, when he supposed he was only imitating his beau ideal of perfection in practice. But from what I have seen of late years, I am convinced that our brethren in the West, as a general thing, treat fever most judiciously, and that the charge of giving calomel in exorbitant doses and without sufficient indications, is unfounded. In truth, I believe there is more of this drug given at the East, comparatively speaking. The use of cathartics is also given at the West with a more enlightened pathology, and with a discrimination which did not mark their exhibition a few years ago. The caution with which most physicians use tartrate of antimony, argues favorably of better times to come, for a more pernicious article can scarcely be given in fever. And yet it is capable of being made, under proper restrictions, a very valuable agent in certain diseases.

Bad as tartrate of antimony is in fever, there is one article in use at the West, which is worse, if possible, than antimony. I allude to lobelia. But its use is confined almost wholly to empirics, though occasionally used by some wiseacre who thinks himself capable of prescribing for his own family. Thomsonism is getting out of date, and it is rare to find a genuine one now-a-days. And as it regards homœopathy, the West is a field where it can never reap many laurels. The reasons are obvious: intermittent and remittent fevers are not enough purely *imaginary*, to be cured by the mere shadow of nothing. Such practitioners may pick up the odds and ends of what the regular physician is abundantly tired of prescribing for; but they will be compelled to emigrate to more favored climes, unless by some process they can continue to live on aliment analogous to their refined and attenuated principles. To treat successfully the diseases of the West, physicians are compelled to employ medicines of more than hypothetical efficacy.

There is one class of affections which are exceedingly prevalent in the West, and that is diseases of females. Leucorrhœa, prolapsus uteri and abortion, are very common. Pregnant females are more liable to miscarry than at the East. Repeated attacks of remittent and intermittent fever predispose the women to part with the contents of the uterus; and then the relaxation which follows, predisposes to leucorrhœa, which in turn, by still further relaxing the parts, brings on displacement and all its concomitant train of evils. Consumption is getting more prevalent, as the country grows older. It was formerly quite rare for a person to die of phthisis pulmonalis of western origin; but within a very few years this disease has been quite prevalent, and is steadily on the increase.

Respectfully yours, A. B. Shipman.

Indiana Med. Coll., Laporte, Jan. 30, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. IV.

NATHANIEL CHAPMAN, M.D.

[Concluded from page 219.]

"Souls, truly great, dart forward on the wing
Of just ambition, to the grand result."
"Our hearts ne'er bow but to superior worth;
Nor ever fail of their allegiance there."
"Each man makes his own stature, builds himself."—*Young.*

The personal appearance of Dr. Chapman is peculiar, and would, especially in conversation, be likely to attract the attention of a stranger. About five feet seven or eight inches high, with a well-proportioned person; his head, in walking, erect, and since he hurt his elbow joint by a fall, a few years ago, his left arm bent; walking with a short, meditative step; dressed in black cloth generally, with a white cravat and a face sadly marked by wrinkles; an eye restless as the lightning's flash, under a beetling brow of peculiar construction. The internal angle of the latter rises and falls, particularly when about to say some witty thing, to a surprising extent. His hair is now becoming quite gray, is worn short, and forms a small bunch in the middle of a high and noble forehead. Phrenologically, his approbativeness is larger than his self-esteem, his firmness quite prominent, while his reverence and mirthfulness, the latter peculiarly so, are well developed. His broad brow, and length of line from this to the ear, indicate large perceptive faculties. Of his reflective organs, comparison is much the larger. Ideality and imitation are full. But why dwell on what thousands all over our country are so familiar with? The back of his neck is broad and erect. His mouth is large, and his teeth have now decayed away so much, that the lips and cheeks begin to fall in.

In conversation, he is affable, polite, and the polished Virginia gentleman of the old school. He evidently retains a strong affection for his native State. His family is Scotch, and hence, perhaps, those traits of decision and shrewdness which are common to him, with others of our Philadelphia physicians who have distinguished themselves in their profession. Almost any market day, Professor C. may be seen going *seriously* down through the market, for a mile, *pricing* the various articles, and joking with the huckster-women. His strong social powers, and love of mirth and humor, induce him, at least twice a week, to take this tour. His servant drives his carriage slowly along the street, keeping his eye upon his master, and collecting the marketing as it is purchased. Many laughable jokes have occurred to Dr. C. in these promenades. To the many alumni of the University, I need only refer to that of the *fowl;* by which one of the doctor's colleagues, whose moral character is irreproachable, was for a time in a very doubtful position. In consultation with a physician one day, in a case where a lady was very ill, every thing had been done that could be done, almost, but she had still become worse. The Doctor, not knowing exactly what to do, walking hastily up and down the room for a few minutes, then taking out his snuff-box,

rapping it, and taking a pinch of snuff in his peculiar way, he stood by the bed-side, and in a quick, sharp tone of voice said, "Madam! do you like buttermilk?" The lady replied, in a weak voice, that she was not averse to buttermilk. "Then," said he, "drink buttermilk—drink buttermilk, and you will soon be better;" and turning upon his heel, took the other doctor by the arm and walked out of the house. Happily, the buttermilk, or something else—perhaps the *vis medicatrix naturæ*—soon restored the woman to health. We would be glad to add many other anecdotes, puns, &c. of Dr. C.; but most of us know that these will not bear printing.

When Rush left the stage of action, and the University of Pennsylvania, the mantle of popularity fell upon Dr. Physic and Dr. Chapman. Dr. Physic has passed away, and Dr. C. has heretofore borne it alone. But the world rolls on; even he, the wit among the wittiest, the urbane among the polite, the eloquent among the eloquent, and the great medical authority of Philadelphia, is passing away. Age, although it has not yet dimmed his eye, has dampened his energies, and "garrulous old age" is beginning to spread its lethic mantle over his body and mind; and ere long the following lines of Burns on Mathew, with the little change made, will be applicable to Professor C.

"If thou at friendship's sacred ca'
Would life itself resign, man;
Thy sympathetic tear maun fa',
For C——— was a kind man.

"If thou art staunch without a stain,
Like the unchanging blue, man;
This was a kinsman o' thy ain,
For C——— was a true man.

"If thou hast wit, and fun, and fire,
And ne'er guid wine did fear, man;
This was thy billie, dam, and sire,
For C——— was a queer man."

CATO.

PHYSICIANS—THEIR PHILANTHROPY AND ITS REWARD.

FROM AN "ESSAY ON PHYSICIANS."

[Communicated for the Boston Medical and Surgical Journal.]

IT is of physicians as philanthropists, I would now speak. There is no other class of men that perform so many deeds of mercy and beneficence, unstimulated by hope of reward. Like angel visitants, unseen by the world, they penetrate the dark abodes of sin and suffering, bringing balm with their presence—the balm of physical relief and kindly words. Without money or price, through storm and darkness, worn by fatigue and anxiety, with no eye to witness, save the Great Physician's, they go, on errands of charity, to the obscure of earth. Compared with their's, what is the benevolence of him who gives, from his abundant treasures, hundreds and thousands to some praiseworthy object? "*He opens his hand*, and they are satisfied." But for this wealthy donor, where is the toil, anxiety and sacrifice of repose and quiet, which are inseparable from

the physician's charities? And where is the generous acknowledgment from the gratified public? The good name, so nobly earned by both, why shares not the physician equally with the other? Verily, fame, thou art unjust. Multitudes have passed away, and multitudes of this profession still remain, who are as genuine philanthropists as was Howard. Yet, who remembers that daily these are abroad, "taking the gauge and dimensions of misery," familiar with "dungeons and hospitals," meeting disease and death in their most appalling forms—who knows this, and from whose hand comes their reward of merit?

Not alone in such acts, is the benevolence of the profession demonstrated. Not a few have devoted time and talents, from early manhood to old age, halting only with tottering reason, and have sacrificed all to the investigation of causes and treatment of some particular malady; but the result of their labors is appreciated only when the untiring authors are removed far from human commendation, and those who share the relief, know not to whom their gratitude belongs. How many have thus labored for the good of the race: if without timely praise, not without some pure enjoyment. Aside from the interest of the subject, there is a pleasure in relieving distress, that not even angels may know, belonging only to those who have earned the power; and to them it is more valuable than fleeting praise.

Society is a wonderful paradox, noted for contradictions; while professing to reward merit in every condition, to seek the wisdom of the wisest in framing acts for the public good, it is strangely blinded to the worth of individuals. While presumptive insolence and pettifogging prevail to draw masses to their opinions, and through them obtain promotion, how many physicians, as skilful "to guide the State" as in healing, are never in the course of life called to any post of honor, out of the pale of their own profession. Physicians are men, and have interests in common with others, beyond their professional relations. And though applause is not their *object* in their benevolent acts, *it is* an invaluable spur to diligence, to which few are insensible, and which the public should freely, yet in justice bestow. It will not be denied that civic honors are bestowed less frequently on the medical profession than on others; indeed, there is a strange inequality in the allotments. From this fact it is deduced, that if the professed design of our government and institutions is honest, in honoring those to whom honor is due, or in proportion to the good done the community, then there has been a great failure in discrimination. We can account for this fact by glancing at the different standards of merit. At the present, the mania is for elevating those who have served their country as military heroes, or men of *words*, rather than those who have watched the welfare of the community in the quiet walks of life. Again, it is allowed that learning, mental discipline, cool judgment and integrity are among the qualities requisite to our legislators; none will deny, the profession in question can furnish at least as many men of this stamp as can be gleaned from military ranks or any other, since the daily duties of physicians demand the culture and exercise of these qualifications. Let society, then, look on its physicians more in the

light of public benefactors, and permit them to share *equally*, at least, its trust and honors: and by future treatment show that medicine is no longer regarded as the "*ne plus ultra*" of a physician's knowledge; or its practice, his impassable sphere. CLIO.

Rockville, Ct., April 14, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 25, 1849.

Delegates to the Medical Association.—As requested in the advertisement which is inserted to-day, delegates are urgently requested to call on the committee of arrangements and record their names, residences, and lodgings while in the city, immediately on their arrival. Such a course will facilitate business, and enable friends to find each other readily. On no account should it be neglected.

Epidemic Cholera.—Society becomes familiar with a pestilence, as it does with moral evils which cannot be wholly overcome. The most desolating epidemics, which at first spread consternation through the land, soon lose some of their terrors, and the most timid people become so familiar with death, as to neglect precautionary measures perfectly within their control. Cholera has been ringing in the ears of all nations till a degree of indifference now characterizes the public sentiment, instead of the fear and trembling which at one time were impressed on every countenance. Fearful, indeed, have been the onward marchings of that mysterious disease. No specific remedy is yet placed within our reach; and it is the deliberate opinion of men of distinguished attainments in medicine, that the laws by which it is governed are now no better understood than when the story of its desolations in Asia was first promulgated. Still, out of the vast accumulation of treatises that have been written, heralding the experience of individuals, the theories and speculations of philosophers, and the results of medications in different countries, it would be a phenomenon indeed if something had not been achieved calculated to ameliorate the condition of the victims, and raise an expectation of an ultimate triumph of science over the insidious devastations of this modern plague.

These reflections are called forth by an examintion of a small but sterling essay on "Epidemic Cholera, its history, causes, pathology and treatment, by C. B. Coventry, M.D., Professor of Obstetrics and Medical Jurisprudence, at Geneva College and the University of Buffalo." When the cholera appeared at Montreal, in 1831, the author, by order of the Board of Health of Utica, visited that city, and prepared and presented an address on the subject. When it afterwards existed at Albany and New York, he was again sent, by the municipal authorities, to investigate its nature. The work, therefore, is the result of sytematic inquiry, and is worthy the attention of the faculty. In common with most writers on the subject, Dr. Coventry says we should attend to the first premonitions of the disease. "At that time it is cured with almost certainty; but if permitted to go until the vital powers are paralyzed, medicine has no effect, and is useless."

Cincinnati Commercial Hospital.—The following note was received from J. R. Buchanan, M.D., one of the professors of the Eclectic Medical Institute, Cincinnati.

Dear Sir,—Your statement (March 28) that "Students of the Eclectic Medical Institute sought admission to the Commercial Hospital of Cincinnati, upon equal terms with those of the Ohio Medical College, but the Judge decided that they could not be so admitted," is materially incorrect.

There is no legal restriction upon the admission of medical students of any school to the Commercial Hospital. The authorities of that institution have heretofore chosen to exercise their power in admitting the students of one school only, and excluding others who constitute a majority of those in the city. This inequality the Legislature had attempted to remedy by a statute passed in 1839, which gave an equal right of admission to the different classes of students. As the Trustees refused to obey this law, and admit the students who applied, a writ of *mandamus* was issued for the purpose of compelling their obedience. In the trial of the case, however, a new construction was given to the law by the Judge, contrary to the general opinion of both the legal and medical professions. By this construction, the act in question was regarded as limited in its operation to the time of the existence of the old Cincinnati College, and as entirely null at the present time. Hence the court would not enforce the act, but left the Trustees to exercise their own discretion. This view of the case had not even been alluded to by the learned counsel who argued the matter on both sides, and caused some surprise when the decision was given. Hereafter, I have good reason to believe that this system of favoritism will be abolished, and all students admitted upon equal terms after the present year.

Cincinnati, April 9, 1849. J. R. B.

Norfolk County Medical Meeting.—The convention of the physicians of Norfolk County met at Temperance Hall in Dedham. Present, Drs. Alden, of Randolph; Storer, Walpole; Cushing, Dorchester; Bartlett, Roxbury; Gibbens, Weymouth; Woodward, Quincy; Stimpson, Dedham; Cotting, Roxbury; Ware, Milton; Dickerman, Medfield; Mann, Foxboro'; Winship, Roxbury; Faulkner, do.; Flint, do.; Wight, Dedham; Miller, Dorchester; Whitney, Dedham; J. B. Walker, East Stoughton; E. Jarvis, Dorchester. The convention was called to order by Dr. Alden. Dr. Alden was elected President, and Dr. Jarvis Secretary. Dr. Alden then proposed the question of forming a county medical society. On motion of Dr. Bartlett, of Roxbury, voted that a committee be chosen to take into consideration the expediency of forming a district society; also to confer with the Suffolk District Society in regard to the union of the physicians of Norfolk with the Society of Suffolk, and to report at a future meeting, after the adoption of the new by-laws. Voted, that this committee consist of five, to be nominated by the Chair. The President nominated Drs. Stimpson, Bartlett, Cotting, Miller and Jarvis, who were chosen. On motion of Dr. Mann, of Dedham, voted, to elect a committee who shall nominate a board of counsellors to be elected by the State Society at the next annual meeting. Drs. Stimpson, Cushing and Storer were elected. Dr. Alden retired, and Dr. Stimpson was appointed to take the chair. Dr. Stimpson then reported, for the committee of nomination—Drs. Storer; Appleton Howe; Simeon Tucker, Stoughton; Henry Bartlett; Ebenezer

Woodward; S. Salisbury, Medway; Jona. Ware; Edward Jarvis; D. P. Wight, Dedham. Adjourned. EDWARD JARVIS, *Secretary.*

Vital Dynamics.—Dr. Dowler's curious and instructive researches upon vital dynamics of civil government, which first appeared in the New Orleans Medical Journal, display great learning and patience. Only 100 copies were published in a pamphlet form. Those who have the good luck to possess one should keep it as a treasure, for it will by-and-by be valued far beyond its present worth, highly as it is now estimated.

Paronychia.—In the Bulletin de l'Academie de Médecine de Belgique, 1848, there is a suggestion of Dr. Henroz, concerning the means of diminishing the distressing, throbbing pain of this affection. He has succeeded, by trials upon himself, in annulling the pain of a whitlow, by skilfully compressing the brachial artery between two little splints. The author adds, that moderate pressure of the radial artery near the wrist will suffice, when the inflammation has attacked either the thumb, index or middle finger; whilst compression of the ulnar will allay the pain in the ring and little fingers.—*London Lancet.*

Medical Miscellany.—Twenty-one students of medicine took the degree of M.D. at the spring commencement of the Philadelphia College of Medicine; ad eundem, H. L. Bird, M.D., of South Carolina, and E. R. Smilie, M.D., Boston. Hon. degrees were conferred on Dr. W. L. Richardson, of Mass., Dr. Ira Warren, of do., and Dr. Joseph Gaston, of Penn.—The erection of a hydropathic college is contemplated in the city of New York. An anti-tobacco society, recently organized, is now in full blast in the same city, R. T. Trall, M.D., being president.—Dr. W. J. McKain, of Camden, S. C., has been fighting a duel.—In the year 1848 there were 3079 sick emigrants, chiefly Irish, thrown upon the city of New York, on the arrival of the vessels which brought them; and out of that number, 1002 died. Emigration, and consequently sickness on ship-board, will probably increase enormously the present summer.—Daniel Smith is President of the Philadelphia College of Pharmacy.—An old man in Havana, 120 years old, recently applied for a license to fish.—Dr. Thomas M. Foote, of Buffalo, has the offer of Charge d'Affaires to Bogota, say the papers.—In imitation of the National Medical Association, the steamers, lobelia people, and all anti-regulars, propose to hold a great national convention at Cincinnati on the first Tuesday in July next.—Mobile papers complain of the unhealthy state of that city.—An Aberdeen paper states that whilst the prayer book, together with all the clothes of a deceased cholera patient, were carefully burnt, six £1 notes, found on his person, were religiously preserved, they not being contagious!—Benjamin Silliman, Jr., of New Haven, has been appointed Professor of Chemistry in the University of Louisville, Ky., and Dr. Yandell to the Chair of Physiology and Pathological Anatomy.—J. L. Comstock, M.D., of Hartford, Conn., is the author of a valuable history of the precious metals.—Dr. Harris's great dictionary of dental science has just been received in Boston.—The Pennsylvania Medical College, Philadelphia, has purchased the ground now occupied by the old frame tenements at the corner of Shields court, on the west side of Ninth street, below Locust, and intend immediately erecting upon the site a splendid college edifice.

MARRIED,—Geo. B. Twitchell, M.D., of Keene, N. H., to Miss I. E. Thayer, of Boston.—John H. Robinson, M.D., of Charlestown, Mass., to Miss M. E. Waite.

DIED,—At Savannah, Geo., by suicide, Dr. William Woodruff, a native of Bridgeport, Conn.—At Camargo, Mexico, of cholera, Dr. F. K. Robertson, of Spencer, Mass.

Report of Deaths in Boston—for the week ending April 21st, 109.—Males, 49—females, 60.—Of consumption, 24—infantile, 7—measles, 17—scarlet fever, 10—lung fever, 2—brain fever, 1—accidental, 2—dropsy on the brain, 4—croup, 3—disease of the heart, 1—marasmus, 1—scrofula, 1—dysentery, 1—delirium tremens, 1—convulsions, 2—inflammation of the lungs, 3—dropsy, 5—inflammation of the bowels, 3—teething, 3—child-bed, 2—old age, 3—inflammation of the brain, 1—disease of the lungs, 1—disease of the brain, 3—influenza, 1—inflammation of the chest, 1—suffocation, 2—pleurisy fever, 1—puerperal fever, 1—cholera morbus, 1—diabetes, 1.

Under 5 years, 52—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 12—over 60 years, 8.

Cholera.—The steamboats ascending the Mississippi and its tributaries are infested with cholera. Upon nearly all that have arrived at Louisville from New Orleans during the last fortnight, cases, some of them fatal, are reported to have occurred. The disease is prevalent at New Orleans, but not to an extent to excite any alarm. The Nashville papers of the 24th March, mention several cases of the epidemic as having appeared in that city, but only one death is reported. During the week ending the 19th of March, twenty-six deaths from cholera took place in St. Louis. The epidemic has made its appearance at the Jefferson Barracks, and from the 13th to the 19th of March, twenty-seven deaths from the disease occurred among the troops stationed there. A few cases have originated in Louisville, and some deaths have been attributed to the disease within a few days; but thus far it has not manifested an epidemic tendency, unless the frequent occurrence of bowel complaints may be regarded as such. These affections, in some instances, have been severe, but a prompt resort to remedies has quickly subdued them.

The pestilence has lingered long about Nashville without becoming epidemic, or spreading to the towns or country around. Dr. Buchanan, in a letter to us, dated 25th February, makes the following interesting statements respecting the disease.

"Up to the present time we have had about fifty deaths here from the cholera, and a much greater number of cases, the large proportion of which were mild at the commencement. Indeed, almost every case gave timely warning by some premonitory symptom, which, among the intelligent, was properly regarded and easily removed; but among the indigent and ignorant, often ran on to fatal collapse before assistance was sought. In our practice here, we have found that opium and diffusible stimuli are *the* remedies to be relied on to avert the disease. Given in time, they are almost infallible; at least they have proved so under my own observation; and the success attending the bold administration of opium, even in almost hopeless cases, has been far beyond my expectation."—*Western Med. Jour.*

A Cause of Failure in the Cure of Cataract.—Dr. Martinez mentions in the *Annales de Ciruria* (a Spanish publication), that the common practice of enforcing the protracted closure of the eyes after the above operation for cataract very often leads to failure. He thinks that this measure prevents the escape of the tears and other liquids, and thus brings on inflammation in the organ. The author also allows his patients to leave their bed a week after the operation, and directs them to take solid food the very first day.—*London Lancet.*

Preservation of Corpses in Siberia.—M. Erman, the celebrated geographer and traveller, mentions, that whilst he was at Beresov, the body of Prince Menchikof, prime minister to Peter the Great, was exhumed, after being buried for the space of ninety-two years. The coffin had been placed in the frozen ground, and the former, as well as the body, were found in excellent preservation. The shroud in which the Prince was wrapped, as well as his heart, have been sent to his family as relics of the deceased. —*Lond. Lancet.*

New Medical Books in London.—An Essay on Cerebral Affections occurring more commonly in Infancy and Childhood. By Valentine Duke, M.D.—Cholera Gleanings, a Family Handbook. By D. J. Gillkrest.

THE

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INTESTINAL WORMS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I did intend publishing a "book treating of verminous diseases," compiled from the experience and writings of others, with my own noted observations, in this connection, for some years; not for the purpose of adding my name to the long list of contributors to that atonic circulation of medical literature, in the form of little books, so popular with a class, but to bring to notice the frequent errors of diagnosis in relation to intestinal worms, their signs and symptoms, and, also, to introduce, either a new, or a forgotten and unrecorded, old plan of treatment, for the destruction of these vermin, which I have for some time employed with success, particularly in cases of tape worm.

Although we all know that most of the letters of thanks, for recorded cures, which are appended to quack advertisements, are "inventions of the enemy," still we must allow that some of the advertised cures of cases of different diseases, that "have been given over by some of our most eminent physicians," are in part too true. We may understand very well, that the "nostrum" so puffed, had little or no agency in the cure. Still the eminent physician's mistake in pronouncing the case incurable, must be acknowledged, and the grateful patient, while he records his evidence in favor of the cure-all, also records a weakened reliance in the judgment of the eminent guardians of the public health —the regular physicians.

I have determined, for the present, not to print the "book about worms," although it was proposed, by one of the "trade," to guarantee me from loss; quite a temptation in these writing times, when by affixing your name to the title-page of any medical book adapted for the "country trade," you may also make your reputation abroad a fixed fact, based upon the supposed knowledge you possess over your professional brethren, on the subject treated of in the book, though perhaps you may have only translated or transcribed the thoughts and acts of predecessors, and contemporaries, not even after the most approved style.

Still, I am anxious to say something about "worms;" and if you will give the accompanying sheets a place in your Journal, my purpose may be served as well as by publishing the book, my intentions may escape the censure of the captious, and the production itself thus be shielded

from the contempt or criticism of the reviewer. I wish not to enter the field of medical literature by the same forbidden gate, or over the appropriated fence, with those whose eminent position gives them better right than mine to illustrate the exploded theory, or to re-decorate the columns of ancient fact and experience with the tinselled touch of novelty.

Boston, April, 1849. Your ob't, J. S. J.

Writers who have devoted much attention to the subject of human intestinal worms, seem to have failed in establishing any sound rules of practice in this department of pathology.

Arguing from certain conclusions, the results of speculative theories, one party maintains that grave organic diseases originate from the presence and action of worms in the human digestive apparatus, and that the peculiar symptoms of verminous development are easy to be distinguished, and the removal of the enemy by drugs is equally easy and certain, following specific rules.

Others defend the doctrine which teaches that worms are incapable of producing any organic disease, having of necessity a fatal tendency, and repudiate the "forty and one sure signs," so long held to be infallible proofs of "worm fevers," by gossips of all genders, "in" and "out of practice," considering them unworthy the dignified pathognomonic so pertinaciously claimed for them.

That patients have died of unknown ills, in all times, no physician doubts; that, in some cases, the autopsy has revealed worms in such positions, as to answer for a cause of death in absence of better proof to the contrary, is true; and, in less frequent cases, that worms have been the cause of sudden dissolution, may be admitted, without descriptions of supposed lesion, and fairly classed in the physician's case-book as accidental deaths.

The majority of practitioners admit the obscurity of worm cases, and the difficulty of treating them successfully, when the diagnosis is established beyond doubt; and, it may be needless to add, that though most physicians consider the dangerous qualities of worms, overrated, in otherwise healthy individuals, still, in some forms, their presence in the human alimentary canal is productive of much mental and physical suffering, with a consequent train of symptoms calculated to mislead the investigator, simulating the phenomena of well-known acute or chronic disease, and leading to a plan of treatment often unnecessary and unpleasant in its results.

Although the inquiry in this direction promises no brilliant responses, it must be admitted that the subject is worthy of consideration and investigation; and if observation adds no certain sign to the list of symptoms, experience may do something towards furnishing a safe remedy in such cases as clearly come within the rule.

Worms are frequent causes of complaint to some individuals; they exist in others for a long time, without any disturbance to the animal economy, or any token of their presence being made manifest. It is well known that the worms commonly met with in practice are of three kinds—the long round worm, the small pin or thread worm, and the

tape worm. Of the latter there are said to be two or more species. Other worms are occasionally seen, and described elaborately in medical works. The object of this paper is principally to call attention to the tape worm, and some of the facts in relation to its treatment upon a milder plan than has hitherto been entertained. Still it may not be out of place to notice briefly other designated worms, as the proposed remedy has been found useful in proved, and in some suspected cases, in which other treatment had been useless; particularly is this applicable to the round worm.

The ascaris vermicula, or pin worm, is the most annoying and constant inhabitant of the human bowel; the most difficult to eradicate, yet often suddenly departing, unattacked by drugs or treatment of any kind. No age seems to be a defence against it, though children suffer in greater proportion than adults. The intolerable itching caused by this worm is so irritating to infants, that convulsions are frequently induced by it, as the writer has noted from his own limited experience.

Incontinence of urine, troublesome eruptions about the anus, and chorea, among other evils, have found a cure in a fortunate removal of these vermin, under the observation of the writer, who remembers on two occasions the embarrassment experienced by several judicious medical gentlemen, who were called in consultation upon a case of supposed "cerebral difficulty" in a child of 17 months, a female, who had had sudden paroxysms of crying during a day and night, at intervals. She was unusually "good natured," "laughing fits" succeeding the "crying fits," according to the mother's description, regularly. The child showed no other sign of disease when the physician was called. The child's agony was so great, and her struggles so violent and eccentric, as to resemble some forms of hysteria in adults. No examinations made by the medical attendants could detect the cause of the sudden accessions of apparent distress, with the following evidences of ease and pleasure exhibited by the patient at intervals. Leeches were applied at different parts of the body, principally about the head and neck; "opiates and antispasmodics" were given, with no effect. "Vomiting and purging" followed, with "cold and warm baths." Random shots of all kinds were fired. In short, "everything was done." The retreat of the undiscovered enemy was as sudden as the invasion. The cerebral difficulty disappeared. Which of the weapons of the medical army had won the victory, was matter of doubt. One relied upon the field and siege train of "cathartics"; another gave the palm to the flying artillery of "emetics"; a third to the "musquetry" of calomel charges, so often directed at the diseases of children, with deadly effect; while the bayonet and sabre, in medical tactics represented by the lancet and leech, were claimed as the agents to whose power the disease succumbed. An accidental operation of the nurse, which could hardly obtain a place among the "regular operations" of even homœopathic surgery, removed the cause, at which act the "cerebral difficulty" vanished into a "cure."

A few days afterwards, an attack, precisely like the former, was followed by symptoms of a like character, and of increased severity. Again

was the family physician baffled, and those associated with him in consultation in this "peculiar case," and some serious termination seemed impending. The child's actions with her hands, and spasmodic twisting of her thighs and legs, led at last to a careful examination in the region of the anus. A large number of pin worms were discovered escaping from the bowel, in a state of unusual activity. This gave a clue to the probable source of excessive irritation. The removal of the worms, however, did not give the child any permanent relief; she was nearly exhausted by the struggles and suffering of some hours, yet seemed to indicate, by signs of unequivocal satisfaction, that the exploration was at last going on in the right region. The writer, in a vaginal search, discovered two of these lively intruders, frolicking about upon an inflamed mucous membrane of singular redness and excitability. Their intentional removal terminated the case, as the accidental act had done on a former occasion; and the practitioners were rewarded with a smile of unusual intelligence from the lips of so young a patient, for their discovery of the cause, and their treatment of the "cerebral difficulty."

Some other cases, of shorter duration and less suffering, from a similar cause, have occurred in the practice of the writer, and may have been frequently met with by physicians, though no recorded cases of this kind have come to my knowledge. In general terms, I am aware writers have stated that worms may be found in the vagina and "other parts of the body." Searching the vagina for worms may not always be advised in cases of convulsions. It is a trifling matter, perhaps, yet as well worthy of record and remembrance, as many other noted experiences; for without in the slightest degree interfering with the professional reputation of "several physicians," it is plain that the best-informed may forget important trifles, which are often of the highest practical utility.

It is obvious that male children, though suffering in other ways from these worms, are not liable to such an extreme and unique source of "cerebral difficulty." Adult females, attacked in the vagina by these worms, would describe their sensations and escape the treatment of the child under similar circumstances.

With regard to the "long round worm," little need be said—as for the most part it is considered as rather a harmless inhabitant of the bowel; and the opinion, out of the profession, is that no individual of the human species, but has, at one time or another, passed one or more of these worms in the ordinary way. The supposed symptoms of their presence are well understood, and the remedies are as numerous as are the symptoms which lead to their use.

Undoubtedly the habits of an individual favor the development of worms, in number and size in proportion to the approximation or departure from the received standard of health. It is said that the use of some articles of food, long persevered in, will generate them. This, probably, is not true; though it is by some admitted that the eggs of these vermin may retain their vitality, deposited in the article so used, even when submitted to the high temperature of the boiling point—and grow and thrive afterwards in the human bowel, the usual home of the round worm so frequently seen.

At times they ascend in numbers to the stomach—and from some cause, probably the resistance of the pylorus, they endeavor to escape from the irritating action of the gastric juice, by the œsophagus, causing sensations of various unpleasant and distressing kinds, as the patient's attempts at vomiting are successful, or the reverse; in this way they are frequently voided from the mouth—though the aid of a physician is sometimes needed to remove them from the pharynx, either from the number collected together, making the passage difficult, or from other causes which the medical reader can readily appreciate.

The writer has noted several cases of the escape of these worms by the mouth, two of which may be recorded, as noticeable from the fact that the diagnosis was made by the patient, that a ball of worms was coming up. The physician in attendance said, "globus hystericus," and as the patient was an excitable female, the probability was in favor of the saying. But, after a while, it was proved to be "globus verminosus"—composed of six of the "animals." In another case, a ball of four worms was ejected in a perfect state—and a part of one "worm," which had evidently passed through some of the processes of digestion.

The writer's experience does not enable him to refer practically to the other species of worms which are occasionally found in the human body.

During the prevalence of "bowel diseases," three years since, the writer had in his care two cases of obstinate diarrhœa—one an adult, one a child about 7 years of age—at different and opposite parts of the city. At the termination of the cases, the discharge from the bowels contained probably thousands of small worms, about half an inch in length, many smaller, having the appearance of fruit worms—the body a series of rings, and white, while both extremities were black, or nearly so. The patients immediately recovered after their discharge.

The most formidable intruder upon man's machinery of nutrition is the tape worm; and here may be noticed much difference of opinion among writers, as to the injury consequent upon the development of this largest of intestinal worms in the human intestines. Some aver that unless extirpated, a fatal result must always follow the ravages of this alimentary pirate; while others conclude, if he be well fed he may inhabit the bowel for years, with no detriment to the owner of "the house" in which he "lives," and that a plurality of tape worms may dwell together without disturbance to themselves or the benevolent provider to whom they owe their daily chyle.

All that has been written upon the subject of worms, the student of medicine is familiar with; and notwithstanding we have treatises in many works of general practice, devoted to entozoa, illustrated by drawings of every known species, of the size of life, to which are added specimens of microscopic enlargement, there is no settled rule of diagnosis or plan of treatment, much in advance of ancient authority. Worms and cutaneous diseases appear to be in the same "category;" and perhaps there is more connection between cutaneous eruptions and verminous irritations than is usually recognized by practitioners.

I propose to offer, in general terms, a few remarks based upon some experience in that class of intestinal worms known as tape worm. I

make no pretension to any originality of thought, deep study or peculiar attention to this branch of pathology ; nor is it my wish to record any "grand modern discovery in therapeutics," as my own, which after all may be as old as the fame of Hippocrates. The conclusions of the present may be only the impressions of the past, conveyed to my mind from the lips or pens of others. I am conscious of no direct plagiarism of idea or fact. The suggestions of practice are of course the results of the elementary teachings of those who once filled the chairs devoted to the appropriate divisions of the theories, mysteries and facts of medicine in the medical school. To the writer and teacher all credit is given, and authority in detail avoided ; though under obligation to the texts of various contributors to the present state of knowledge of "verminous diseases," whose records are left for the benefit of those less competent to explore so unprofitable a mine.

Upon the manner of introduction of intestinal worms, into the human body, it is useless now to speculate ; a preventive is not sought for—not belonging to the practical. Means of sure diagnosis are desirable. But the writer has nothing to add at this time, in this connection, to the signs and symptoms generally proclaimed, and as generally admitted, to be equivocal and obscure.

But with reference to the expulsion of tape worm, the result of some observation and experience may be usefully given, and serve the purpose intended, to render the assaults of drugs upon the human system, when suffering from disease, as mild as possible, no matter by what hand directed.

Great stories are on record of the length of some specimens of teniæ, with extravagant methods of cure, often miraculous powers of diagnosis, and the aid of wonderful mixtures and mysterious manipulations. The truth is, that in some countries the tape worm is a common subject of medical treatment. Yet there does appear to be a peculiar personal condition in which it is developed and obtains the means of rapid growth. So do the remedies succeed in some cases, and fail in others. Remedies often times, unsuited to the case prescribed for, cause a graver departure from health than the worm untouched against whose life the weapon had been levelled.

Repeated purges of scammony, gamboge, calomel, turpentine, and the like, or fierce drastics, few patients, with an unsound mucous membrane, can with safety bear. Nor do metallic remedies, calculated to throw the "vermin" from his dwelling place, promise a better sequel than the array of drugs; and no remedy yet offered—even that "world-famed" of Mad. Nouffer—has met with uniform success. The drastic theory still prevails, and is the reliance of nearly every formula invented for general use. The consideration of the remedies most popular is dismissed, with the belief that it is unphilosophical, though successful many times, thus to attack the tape worm in his home.

Not by intuition did the thought of opposite treatment direct a change in experiments to be made. Induction and the help of wiser counsels led the way, and accident developed truth, in the writer's practice. I had seen patients emaciated from long suffering, with undiscovered disease,

but relying too much on the medical axioms and diagnostic marks of recent days, had been doomed to die by men eminent and profound. The expressed wonder was, that life had been sustained so long. Yet had they sound lungs, healthy liver, and perfect freedom from organic lesion of any kind—still weak, almost pulseless, sinking; the sputa of phthisis, the hectic, and the cough; with a circulation erratic from the central organ to the remotest capillary chain. To these anomalies pathological science had given only an unmeaning name, and too cautious therapeutics had banished such regimen as would have done credit to the teachings of true hygiene.

I had seen these patients improve apace upon a diet generous and rich—and, one by one, the symptoms of "incurable disease" vanished as the tonic drug had given its aid—the blood with healthy vigor tinting the cheek, where atony so long had fixed its sallow stain. As time progressed, joints of teniæ passed by stool, confirming suspicions of a cause obscure, and convincing the observer that tape worm is not a rare "disease."

It will be observed that joints of the worm came freest forth under a treatment which combines with a nutritious diet, principally of animal food, the bitter woods and herbs. Still greater numbers and more frequent discharges follow the liberal exhibition of iron in appropriate forms.

The conclusion arrived at, from the improvement in patients suffering from tape worm, under a tonic treatment, and from a theory of the habits of the worm, and its instinctive efforts in search of food, entertained by the writer, after some thought, was, that a stimulating diet weakened his power to retain his hold in the intestine, while a vegetable diet, at the same time that the patient would suffer and lose strength and vigor under its use, would cause the worm to thrive—casting off no joints or parts. It seemed probable, that after a period of compulsive fasting, if a vegetable preparation were offered to the worm, he might be induced to over-feed, and suffer from over-feeding, as do human gluttons; and that, while in a temporary torpid state, if surrounded by fluids in large quantities, of low temperature, he might be easily dislodged from his feeding place, before re-action should begin, and speedily evacuated from the bowel. An old method of treatment, unexplained, seems to give weight to these crude ideas. Experiments were made with the seeds of fruits and vegetables, which had acquired a common reputation for destroying worms, with but partial success. Accident placed at the writer's disposal the knowledge of a seed, from which at last an emulsion was made. This, aided by adjunct remedies, all of harmless nature, given in fifteen cases of tape worm, has not failed once, within twenty-four hours, to expel the worm, in most cases alive; and in some patients the "disease," under various names, had resisted all kinds of treatment for years, including all the tape-worm specifics known in practice.

The writer repeats that he makes no original claim to its use. The seed is as common as that of the apple or the orange, and may have been used by physicians for centuries against worms, without a record in the books which have met the writer's eye. Neither is the philosophy or the plan of treatment mentioned in any work on worms within the know-

ledge of the writer—who believes, although in his own practice, as yet, cases sufficient have not been treated to entitle the preparation to the name of a "specific," that no other plan of treatment hitherto proposed has proved in every case consecutively more successful, rarely requiring a repetition, if the directions are observed.

Its peculiar recommendation, besides the easy mode of administration and operation, is its harmless nature, which commends its use in doubtful cases, in which are seen symptoms of great irritation and constitutional disturbance, as well as functional errors, with no organic lesion, as far as careful examination and good judgment may be able to decide.

The object of this paper is to elicit inquiry into these obscure cases, some of which are of fatal severity, and find their way into the bills of mortality, particularly when children are the victims—as "marasmus," a name usually given to the effect, and not the cause, of that waste of chyle, or inability of the organs, on whose perfect action nutrition depends, to supply the blood with that element, or principle, upon which life and growth exist.

Autopsy has often revealed the presence of unsuspected worms, in the alimentary canal, where no organic lesion was found to account for the symptoms and death in the cases alluded to, as doubtful and obscure in their origin, progress and termination.

The writer has no idea that the proposed remedy for "worm diseases" could have any beneficial effect upon diseased mesenteric glands, or any form of real tubercular deposit; but conceiving that many of the formulæ, considered as anthelmintic, are injurious in their action upon the mucous membrane, and glandular apparatus of the bowels, is desirous, when an experiment is made in suspected worm cases, that the remedy should be mild and harmless, and he believes that the emulsion used by him and by some of his medical friends, with success, combines the qualities so desirable.

It is to be hoped that the desultory style of this communication will not condemn the matter, so that it pass unheeded by those interested in the healing art. Any physician who may have cases of teniæ, which will not yield to treatment, is invited to try the emulsion, that opportunities may be had to record success or failure, as the event shall prove.

A SUCCESSFUL MODE OF TREATING FEVERS.

[Communicated for the Boston Medical and Surgical Journal.]

Notwithstanding the great improvement in the practice of medicine, from the days of Hippocrates to the present time, above forty years experience has convinced me that but few physicians have employed the best or most proper method of treatment in epidemic and contagious diseases; particularly fevers, termed remittent, continued, inflammatory, typhus, scarlet, and such like—all of which I believe stand in the same association, and are the effect of actual poison, which being present in the system often bids defiance to the lancet, emetics, cathartics or sudorifics, and the unhappy patient frequently falls a victim to its deadly grasp.

But the best means that I have found, for rescuing the patient from the impending danger, is to disarm the enemy of his deadly weapon. For this purpose, for nearly twenty years, I have employed the oil of olives and alkali; these being the greatest antidote with which I am acquainted. The following is my usual manner of treating such disorders. I sometimes, though but seldom, bleed, but generally cleanse the stomach by the use of a few grains of ipecac., or some other mild emetic. I then direct the patient to be rubbed all over with the oil daily during the fever, using about two ounces at each time. I also direct the patient to take a tablespoonful of a weak solution of alkali, mixed with a little saltpetre, once every two, three or four hours, quieting the system by employing a few grains of Dover's powder occasionally, and drink freely a decoction of Virginia snake root and valerian, and as much cold water as the patient wants. For regulating the bowels, I generally employ the olive oil, castor oil or rhubarb, but mostly of the former, a tablespoonful of which may be taken every day at the commencement of the external application. If the bowels are much filled with morbid matter, I sometimes add a few grains of calomel to the rhei, avoiding drastic purges, as they not only irritate the system, but are often succeeded by diarrhœa, which is sometimes difficult to restrain. I regard quietness, both of body and mind, of the utmost importance. AN OLD PRACTITIONER.

[The writer of the above has given his name to the Editor, and is, as he professes to be, an old practitioner. As such, he is entitled to record the results of his practice. We think there is reason to believe, however, that the successful results in his cases were more owing to the mere *harmlessness* of his treatment, than to any remedial efficacy exerted by it.]

CASE OF ENLARGED SPLEEN.

BY L. A. SMITH, M.D, NEWARK, N. J.

J. H., of this city, aged about 30 years, of very robust frame, hardy constitution, and good habits, some time in the spring of 1847 received a severe blow in the left hypochondriac region, in consequence of being thrown from his waggon. He suffered some pain for a few days, but soon resumed his business which was very active and laborious.

During the summer following he had an attack of intermitting fever, which was soon subdued by the usual treatment. This was followed by symptoms of functional derangement of the loins, with dyspepsia, a pallid countenance, œdema of the feet and legs, and a dull, heavy, and continuous pain in the left side, where he had received the injury. Being myself absent from home, he came under the care of my friend Dr. Dougherty, who took care of my patients, and who, on making examination, detected a considerable tumor in the left hypochondriac region, the bounds of which could be distinctly traced. On my return, Dr. D. and I made a very careful examination of the tumor, and came to the conclusion that it was an enlargement of the spleen. With this view,

we pursued the most energetic and persevering treatment, which our own experience and the best authors suggested, and comprising almost the whole catalogue of the materia medica, used in such cases. The pain in the side and dyspnœa, which was so great sometimes as to prevent the patient from lying down, continued unabated for some weeks, when he was attacked, in consequence of exposure to cold, with pleurisy, which called for very active treatment, and which was finally subdued. From this time, he had but little, if any, pain in the side, and was now confined to the bed or the house, till a short time before his death. The most troublesome symptom was dropsical effusion, which was kept in check by the following prescription, which is here inserted, as it proved of great value in this case as well as many others under my own observation, and that of the friend from whom I received it :—R. Sub. mur. hydrarg., grs. x. ; pulv. digital. purpur., sup. tart. potass., jalapi, āā grs. iij. Divid. in pulv. No. xij. One to be taken every six hours.

During the fall, Mr. H., by my advice, went to New York, and consulted several of the most eminent physicians in that city. One of them gave it as his opinion that the tumor was *malignant* in its character. Others gave no decided opinion in the case, but all agreed that little could be done but to palliate the symptoms. I should have remarked, that previously to his going to New York, one physician of eminence in this vicinity, who had been called in consultation, pronounced the tumor an enlargement and thickening of the omentum, and advised extensive blistering to the abdomen.

The patient gradually sank, and despairing of recovery he gave up business, and in the summer of 1848 went to his father's residence in Rahway, eight or ten miles distant, when he came under the care of Drs. Abernethy and Drake, whose attention and efforts in his behalf were indefatigable, but unavailing. He gradually sank, and about the middle of October, died.

At his request, frequently expressed during his illness, I made a *post-mortem* examination, assisted by Dr. Drake.

On making the incision a large quantity of serum, not less than ten gallons, was discharged. The viscera and cavities of the body were entirely healthy in appearance except the *spleen*, which was so enlarged as to occupy all the left hypochondrium, extending into the right, and also below the umbilicus some inches. It slightly adhered in several places to the surrounding parts, but was easily removed. It was healthy in appearance and color, but on being cut it was found to be more firm in texture than natural, and somewhat resembling flesh, as it weighed more than 7¾ pounds. We cut into it in several places, but found no symptoms of malignancy.

I shall not take up the room of your valuable Journal in detailing the treatment in this case. It comprised all that the skill of several of our most distinguished physicians, who were consulted, could suggest.

Whether this disease was induced by the injury mentioned, or was consequent upon the intermitting fever, or was independent of both causes, I leave every one to make up his own opinion ; only adding that I

shall long remember the case with interest, not only from its intrinsic merits, but from having had my own life, or at least limb, brought into imminent peril by a puncture of my thumb in making the *post-mortem* examination.—*New Jersey Medical Reporter.*

CASES OF OBSTRUCTION OF THE BOWELS, CAUSED BY FÆCAL ACCUMULATION IN THE RECTUM.

BY, R. B. TRAVERS, M.R.C.S.E., SURGEON TO THE AGHADA UNION DISPENSARY.

Patrick Collins, aged 50, was admitted on the evening of the 13th of October, 1848, to the Cloyne Dispensary, of which I then had charge. He has had no evacuation from his bowels for eight days; he is in great agony, suffering from violent bearing-down, expulsive pains; complains of great distention of the rectum, feeling as if every moment he was about to have a discharge from his bowels, and is constantly making ineffectual attempts to evacuate them. His abdomen is swollen, and painful on pressure; his features are sunken and denote great exhaustion; he is very weak, tottering as he leaves his bed to go to the close-stool; pulse 120, small and weak, and his body exhales a most nauseous odor.

On examining the rectum I found the anus open, but could not introduce my finger more than an inch into the gut, its entrance being obstructed by a mass of hardened, closely-packed fæces. He had taken several doses of purgative medicines, and had injections administered, without effect, previous to his admission.

Having ascertained the nature of the obstruction, with the handle of a common pewter spoon I gradually removed a large quantity of hard fæces from the rectum; and having cleared out the intestine as far as I could reach, I threw up two or three pints of warm water, which soon came away, bringing with it a large discharge from the bowels. I then gave him one drop of croton oil, and six grains of compound extract of colocynth, and directed that his belly should be well rubbed with turpentine liniment.

14th, 7 o'clock, A. M.—His bowels have been three times opened during the night; pulse 90; belly soft and free from pain on pressure; he complains of the soreness of the rectum and anus. Fomentations to the anus.

15th.—Feels quite well, except for some soreness of the rectum; pulse 80; to have an oil draught; on the 18th he was discharged from the hospital.

On Wednesday, October 25, 1848, I was called to see Margaret Connor, aged 65. I found her in the following state:—she has had no evacuation from her bowels for the last five days, and but very little for several days previously; she complains of acute pain and distention in the rectum, and is constantly making ineffectual efforts to evacuate her bowels; she has been unable to empty her bladder for the last two days, but the urine dribbles away when she makes a violent expulsive effort. The abdomen is swollen, and tympanitic on percussion, except in the

hypogastrium, where the enlarged bladder gives a dull sound. Her skin is hot and dry; tongue dry, and covered with a brown fur; countenance flushed; pulse 112. On examining the rectum I found the anus open, its edges thick and prominent; the intestine was crammed with hardened, closely-packed fæces.

Having introduced a gum-elastic catheter, and relieved the bladder of a large quantity of dark-colored urine, I proceeded as in the former case; and, having cleared out the rectum, I threw up about a quart of warm water, which soon came away, bringing with it the solid and gaseous contents of the lower intestine; I then gave half a drop of croton oil, and six grains of extract of colocynth in a pill. At 7 o'clock, P. M., bowels twice copiously relieved, and has passed water; complains of great soreness of the rectum and anus. The anus to be fomented with cloths wrung out of warm water, and to be smeared with sweet oil.

26th.—Feels quite well, except for the soreness; stupes to be continued. On the 28th she was able to leave her bed.

Patrick Coughlan, aged 50, applied at the Cloyne Dispensary on the 10th of November, 1848. He has had no discharge from his bowels for five days; he complains of violent pain in the belly, and shooting through the rectum; he is constantly forced, by a feeling of distention in the rectum, to make violent but ineffectual expulsive efforts to evacuate his bowels; his belly is tympanitic, his pulse rapid and weak, and his body exhales a most offensive odor. On examining the rectum, I found the anus widely open, its edges thick, and the rectum crammed with hardened fæces. I proceeded in this case as in the two former, and with a similar result.

William Collins, aged 15, was brought to the Cloyne Dispensary on the 27th of November, 1848. He has had no discharge from his bowels for four days; he complains of great pain and distention in the rectum, and feels a constant desire to go to stool, but without relief; he is unable to empty his bladder, but the urine dribbles away when he makes a violent effort to relieve his bowels; he has taken several doses of purgative medicines. On examining the rectum, I found a fæcal accumulation, as in the former cases, which I treated in the same way, and with a similar result.

A boy, aged 7, was admitted to the Cloyne Dispensary on the 6th of December, 1848; has had no evacuation from his bowels for four days; he is suffering from violent bearing-down, expulsive pains; his pulse is rapid and weak, and his tongue foul. On examination I found the rectum full of hard fæces, which I proceeded to remove as in the former cases, and with like success.

These cases prove the importance of exploring the rectum in all cases of obstruction of the bowels, as mechanical obstacles may exist in it, which cannot be overcome by purgatives or enemata, a perseverance in the use of which will only increase the patient's danger and torment.

Enemata are useless, as no tube or pipe can be introduced through the mass; and I look upon purgatives as worse than useless, for the rectum, from its great distention, seems for the time paralyzed, and is evidently unable to contract on its contents. The obstinate constipation,

the bearing down, the feeling of distention of the rectum, the constant exhausting ineffectual efforts, and the fæcal smell, form a group of symptoms, which a rectal examination will prove to depend on fæcal accumulation in the gut.

The treatment of the affection is simple and direct. A pewter table-spoon, with its handle a little bent, makes an efficient instrument wherewith to quarry out the hardened mass. After the rectum has been cleared out, an operation which may occupy an hour or longer, an O' Beirne's tube, well oiled, should be introduced, and two or three pints of warm water thrown up; this will be soon followed by a free discharge from the bowels, which will give immediate relief. A drop of croton oil, with five or six grains of the extract of colocynth, in a pill, should now be given, or an ounce or two of castor oil. Leeches and fomentations may be necessary to relieve irritation or prevent inflammation of the rectum. The fæculent matter in all these cases consisted of potato skins and undigested crust of Indian-meal cakes.—*Dub. Jour. of Med Science.*

PATHOLOGICAL RESEARCHES INTO THE DISEASES OF THE EAR.

BY JOSEPH TOYNBEE, F.R.S., FELLOW OF THE ROYAL COLLEGE OF SURGEONS, ENG.

This paper, read before the Royal Medical and Chirurgical Society, Feb. 13, 1849, contains the results of 915 dissections, which are classified as follows:—Ears of persons know to be deaf, 184; ears of persons supposed to be deaf, 70; ears in the stage of incipient deafness, 358; ears in a healthy state, 303. Total, 915.

After some introductory observations, the author enters upon an examination of the state of each of the structures composing the organ of hearing. The most frequent pathological condition of the membrana tympani, consists in a thickening of its internal and middle layers, the deposit in its substance of calcareous matter, its adhesion with or without the presence of membranous bands to the inner wall of the tympanic cavity, and the destruction of more or less of its substance by ulceration. In the tympanic cavity, the diseases most frequently present are, a thickened state of the mucous membrane, membranous bands which connect together the ossicula, deposits of mucous, purulent, scrofulous and calcareous matter. Anchylosis of the stapes to the fenestra ovalis occurred in 26 instances. One of the interesting results of these dissections is the rarity of disease in the Eustachian tube; in the 612 dissections of diseased ears, only 21 disclosed traces of disease in that portion of the organ of hearing. The author pointed out the agreement that exists between the diseased condition described and the history and symptoms of deaf patients during life, and expressed his conviction that when rational plans of treatment, founded upon pathological research, are fully carried out by intelligent medical men, this branch of surgery will be rescued from the uncertainty which at present attaches to it. The author concluded his paper by pointing out the intimate connection which exists between different parts of the organ of hearing and the brain, its membranes and other important organs.

Mr. Toynbee, at the conclusion of his paper, was questioned by a great number of the fellows on various points connected with disease of the ear. It will not be necessary to give the questions and answers in detail, but the subjoined epitome of the answers will convey the entire meaning of the author of the paper.

1. The treatment of chronic inflammation and thickening of the mucous membrane lining the tympanic cavity consists in the use of leeches, followed by an ointment, composed of a drachm of powdered cantharides to an ounce of simple ointment, or of the tincture of iodine, below the ears, and as near to the tube as possible. To the outer half or two-thirds of the external meatus a solution of nitrate of silver is to be applied, every third or fourth day; the salt is to be dissolved in water, and its strength may vary from half a drachm to a drachm of the salt to an ounce of water. Where the mucous membrane of the fauces is thick or relaxed, astringent applications should be made. Small doses of blue pill, the bichloride of mercury, or mercury with chalk, should be administered, not with the object of producing salivation, or any depression of the system, but to aid the local applications in promoting absorption. Warm bathing, exercise in the open air, the avoidance of wine and stimulants, and of close and warm rooms, should be strictly enjoined. Under this treatment, cases of deafness, of many years' standing, have been cured or relieved.

2. Catheterism of the Eustachian tube is an operation very rarely called for; in nine cases out of ten, by means of the otoscope, air is distinctly heard to enter the tympanic cavity, or there are other unequivocal symptoms indicative of the pervious state of this tube; practical experience with the deaf quite agrees with the result of the dissections of the Eustachian tube.

3. Besides the otoscope, in order to arrive at something like an accurate diagnosis of the nature of ear diseases, it is quite requisite to use a small lamp and a delicate silver speculum. By means of the two latter instruments the exact state of the meatus and membrana tympani can be ascertained. It will be observed that the latter structure is not unfrequently more concave than natural, a condition which is produced either by direct adhesion of the membrana tympani to the inner wall of the tympanum, or through the agency of membranous bands, or by a contraction of the tensor tympani muscle.

4. The principal disease observed in the fenestra rotunda consists in the presence over it of a distinct false membrane, which is attached to the margins of the fossa fenestræ rotundæ; the latter fossa is often completely filled up by the thickened mucous membrane of the tympanum.

6. Many deaf persons, as in the case of one of the patients in whom there was found to be complete anchylosis of the stapes to the fenestra ovalis, hear musical sounds when sonorous vibration can be made to act upon the nervous expansion, as through the medium of solids.

7. My experience has not been sufficient to indicate by the kind of deafness the particular part of the ear affected.

8. As a rule, I have not found the fluids of the labyrinth deficient in

old persons, but the mucous membrane of the tympanum and the membrana tympani have been the seat of the disease.

9. Some deaf persons hear better in a noise, as in a carriage, than when quiet, because the fluid of the vestibule is thrown thereby into a state of undulation, and in this state can receive vibrations of the thickened membrane of the fenestra rotunda, which are much less powerful than is natural; indeed, supposing the views on the physiology of the tympanum advanced by Mr. Brooke, to be correct, and thus far all my researches tend to establish their accuracy, in those cases where the stape is so firmly fixed as not to be able to press upon the labyrinthous fluids, and give them a certain state of tensity, the vibration produced by a carriage or by a loud sound would in some measure be a compensation.

10. In some deaf persons there is an over-sensibility of the nerves of the ear, and a loud sound or a loud voice aggravates the malady by causing a forcible contraction of the muscles of the internal ear, and a rigid state of the membrana tympani.

11. Tinnitus aurium is probably dependent upon the constant compression of the contents of the vestibule, and by the pressure inwards of the stapes by means of rigid bands of adhesion, thickened base of the stapes, &c.

12. There are cases where loud reports produce a rupture of the membrana tympani; others, in which the hearing becomes gradually dulled, as in the right ear of sportsmen. I have not been able to dissect any cases tending to elucidate the pathological condition.—*Lon. Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 2, 1849.

Massachusetts Medical Society—Suffolk District.—An adjourned meeting of the Fellows of the Medical Society for Suffolk District, including Chelsea, was held at the Masonic Temple on Wednesday, April 25th—Dr. John Ware in the chair. Dr. George Hayward, in behalf of the committee appointed at a previous meeting for the purpose of considering the expediency of forming a District Medical Society, submitted the accompanying report, which was unanimously adopted. Drs. George Hayward, M. S. Perry, and Charles Chase of Chelsea, were chosen a committee to petition the Counsellors for leave to form a District Medical Society. It was then voted to proceed to the nomination of Counsellors for Suffolk District. *On motion* of Dr. Storer, the Chair was requested to nominate a committee of five, who should retire and report a list of Counsellors for the consideration of the meeting. The Chair appointed on this committee Drs. Buck, Otis of Chelsea, Flint, Shurtleff and Morland. The committee after consultation, unanimously reported the names of the following gentlemen, who were accepted by the meeting as candidates for Suffolk District: Drs. John Ware, Geo. C. Shattuck, Jacob Bigelow, Z. B. Adams, S. D. Townsend, John Homans, Geo. Hayward, Wm. J. Walker, John Jeffries, John C. Hayden, D. H. Storer, Samuel Morrill, John D. Fisher, C. G. Putnam, A. A. Watson, M. S. Perry, Ezra Palmer, Daniel Harwood,

A. A. Gould, Martin Gay, Henry Dyer, Chas. H. Stedman, J. B. S. Jackson, George Bartlett, John Odin, J. B. Gregerson, N. B. Shurtleff, H. I. Bowditch. H. G. Clark, Charles Chase of Chelsea.

On motion, it was voted that the Secretary should cause the list of Counsellors selected by the committee and accepted by the meeting, to be printed as the regularly nominated ticket for this district, and submit the same to the Fellows on the day of the annual meeting.

WM. J. DALE, *Secretary.*

The following is the report of the committee on the subject of a District Medical Society.

The committee appointed by the Fellows of the Massachusetts Medical Society residing in Suffolk, to consider the expediency of forming a District Society, respectfully ask leave to report: That they are unanimously of opinion that it is expedient to form such a Society at as early a period as is practicable. The committee are aware, that by the revised code of By-Laws, which have already been approved by the Counsellors, and which will in all probability receive the sanction of the Fellows, the formation of such a Society in each district is made imperative. But these By-Laws cannot, if adopted by the Fellows, go into operation until there has been an alteration of the charter of the Society, and this can be made only by an act of the Legislature. It is too late to obtain the passage of such an act at the present session, and of course another year must pass before the new code of By-Laws can become operative.

But a District Society may be formed under the existing By-Laws. To do this, it is only necessary for the Fellows of any district, who wish the establishment of such a Society, to make application to the Counsellors, who have full power to authorize its organization. And this course your committee would recommend for adoption. In this way a year might be gained in the formation of the Society.

It is perhaps hardly necessary for the committee to state the advantages which they believe would result from a measure that would unite more closely the members of the parent society residing in this district. It could not fail, in their opinion, to promote harmony and good feeling among them. It would enable them to act with more concert, and consequently give them by a harmonious action, a greater degree of weight and influence in the Society at large, than they now possess. By bringing the Fellows of the Society residing in this district more frequently together, and thus giving a better opportunity than they now enjoy, for an interchange of views and opinions on topics of a common interest, it would tend to break down the jealousy and ill-feeling that too often exist among the members of our profession.

The committee, influenced by these and similar considerations, would therefore recommend the formation of a District Society with as little delay as possible. By having it organized before the new code of By-Laws goes into operation, it will, when that takes place, be a more efficient agent to carry them into effect. For the purpose of presenting the views of the committee in a more definite form, they propose the adoption of the following resolution, viz.:

Resolved, That it is expedient to form a District Medical Society for Suffolk, and that measures be taken to carry this resolution into effect at as early a period as is practicable.

Respectfully submitted, by

GEORGE HAYWARD,

Boston, April 25, 1849. *In behalf of the Committee.*

Wheeler on Asiatic Cholera.—Quite a small treatise on the all-absorbing subject of cholera, and the best modes of preventing and curing it, comes from Dr. John Wheeler, of New York. He is a one-notion man; his plan is alleged to be the only true way of overcoming and subduing the pestilence that walketh in darkness. Dr. Wheeler has a secret remedy, a mighty agent for good, called *Balm of Mascatello,* which is a leviathan among medicines,—so potent and irresistible, that, if all the world would buy it, why he might retire with half the gold in California. But one would suppose it quite useless to persuade people, possessing a grain of intelligence, to become patrons of nostrums. There is a great host of persons, however, who have an ungovernable appetency for secret remedies, without regard to their character or the influence they might exert on the system, and they would be great consumers of mascatello, provided the article is very dear, and Dr. Wheeler makes the doses so small that it is necessary to repeat them often. While thanking the author for a copy of his pamphlet, we must confess our inability to perceive its merits.

Bellevue Hospital, New York.—A report for the past year, by D. M. Reese, M.D., LL.D., exhibits the great medical business of the institution. Dr. Reese is assisted by two consulting physicians and two surgeons, besides six visiting physicians and six visiting surgeons, and there are residing with him on the premises eight assistant physicians. Whole number of patients on hand, Jan. 1st, 1848, 535; from that period to Dec. 31st, 3797 were admitted, making 4332 patients in one year. On an average, there were 10 new admissions daily. The mortality did not much exceed 14 per cent., says the report; and those who were cured, or so relieved as to provide for themselves, exceeded 72 per cent. Ireland, that prolific country, furnished 2592 of the patients. From 1827 to 1847, there were received at the almshouse hospital, now designated as Bellevue, 39,206 patients, 30,320 of whom were discharged, and 8,277 died. From May 20th, 1845, to the close of 1848, there were 768 births there.

Dr. Reese has presented an orderly report, accompanied by tabular statements of peculiar value. His suggestions and plain account of the way business is transacted, show that he is well fitted for the place. Very few men could manage the great Babel of invalids with such facility and order as characterize the institution since it was placed under his special charge. There are united in him, science, skill, benevolence and energy. Such men should hold responsible positions.

Distortion of the Face and Neck.—Dr. S. P. Hullihen, of Wheeling, Va., has published, in a pamphlet, the extraordinary case of an elongation of the under jaw and distortion of the face, caused by a burn, successfully treated. Not many years since, this same gentleman made essential improvements in the hare-lip operation. In this instance, the deformity was of the most painful character. The head was drawn forward and downward, and the chin confined within an inch of the sternum—the under lip was so pulled down that the mucous membrane of the left side came far below the chin. Some wood cuts are introduced to illustrate the appearance before and after a restoration. Nothing is more obvious than that Dr. Hullihen accomplished a very difficult operation, with entire success.

Suffolk Medical District.—A meeting was held on Wednesday, the 25th, at the Masonic Temple, as will be seen on another page, for the nomination of Counsellors of the State Society, &c. From all accounts, there must have been some febrile symptoms discoverable. Young physic and old prejudices were there; but harmony should characterize the medical fraternity. It is intimated that the real trial of strength will take place on the day of election—at the annual meeting. It is far easier to persuade than to drive men into a compliance with the views or whims of others.

Homœopathic Journal.—Mr. Clapp's Quarterly, commenced by the late Dr. Becker, a memoir of whose life appeared in this Journal some months since, bears on the second number the name of Dr. Joseph Birnstill, as editor, who evinces a commendable industry in the translation of foreign articles. The periodical is mostly made up in that manner. We never attempt concealing our views of homœopathy, which bears the same relation to the science of medicine that something does to nothing. Yet many of those who practise upon the system, are persons of the highest respectability and moral worth. It is the system that is objectionable. Dr. Birnstill has an opportunity, with this large-sized Journal, of elevating the school of practitioners who support it, and gaining for himself a distinguished literary reputation.

American Medical Association.—As was anticipated, the delegates to this great medical gathering are arriving from all sections of the United States. The session opened yesterday, but after our Journal had gone to press. The State Legislature still being in session, the State House could not be had, and the meeting, therefore, is held at the Lowell Institute, on Washington street. This evening, the profession of Boston will receive these distinguished medical strangers at the Revere House, Bowdoin square. Next week we shall commence chronicling the transactions of the Association in the Journal. In the mean time, the publisher has made arrangements to issue a daily report of the proceedings, which he proposes sending, without charge, to the subscribers of the Journal—by means of which they will be made acquainted, at the earliest moment, of the measures which may be proposed or adopted by the Association. Subscribers to the Journal who are delegates and now in the city, may receive these daily reports by calling at the Journal office. Our Boston subscribers, also, are requested to call for their copies.

Effects of Chloroform.—Dr. Warren's pamphlet, just published, on the effects of chloroform and of strong chloric ether, has appeared at a favorable moment. The profession will be influenced at once by such authority. Particulars will be given in regard to it hereafter.

Novel Suggestion for the Treatment of Epilepsy.—The following extract relates to a matter which has been written about in the newspapers of this country, but of which we have not before seen any authentic account.

"In a recent sitting of the Académie de Médecine M. Rouchoux read, in

his own name and that of M. Falret, a report upon a paper drawn up by M. Pereire, of Bordeaux, upon epilepsy, treated by *l'arteriotome épicranienne.* It consists of obliterating, by subcutaneous incisions at their origin, the different arterial branches, from which the ramifications spread upon the pericranium in numerous capillary vessels, and establish anastomoses with those of the brain, after having traversed the cranium and its membranes. This obliteration prevents the blood not only from arriving at the encephalon in sufficient quantity to produce congestion, but produces a kind of atrophy which renders the return of the fits impossible. This theory appears to M. Rochoux inadmissible ; he does not think that congestion determined to the encephalon is necessary for the production of epilesy, nor does he think that the remedy could be employed to prevent the development of the collateral arteries and their anastomoses."—*Psychological Journal.*

Medical Miscellany.—Dr. Francis Mallory is a candidate for Congress, 7th District, Virginia.—There was a large amount of sickness at San Francisco, at the last dates. A large number of Sandwich Islanders had died of measles.—Twenty physicians belong to the household of the Queen of England, yet only about one or two of them are ever consulted. —Dr. Lowrie, formerly of New Jersey, is at Panama, doing a large business. Physicians are pocketing the gold as it comes from the diggings.—Dr. S. Andrew has been elected mayor of Port Amboy, N. J. Physicians appear to be in request for that office of late—several having been recently elected in different cities, both here and in England.—Dr. B. Young, chief clerk of the Navy Department, has sent in his resignation.—Dr. Henry W. Rivers has been appointed Hospital Physician and Surgeon, Marine Hospital, R. I., in place of Dr. F. L. Wheaton, removed.—Dr. F. Houghton, of Iowa, is to be one of the visiters to the West Point Military School. —An absurd story is circulating in the papers, that Dr. Warren, of Boston, opened the stomach of a young woman last week, while under the influence of ether, and extracted a tape worm ! On the authority of Dr. Warren himself, we can pronounce it wholly untrue.—A work on cholera is in press in this city, and will be published in a few weeks.

NOTICE.—The article on Worms, in to-day's Journal, in consequence of the writer not having had an opportunity to revise his manuscript and correct the proofs, contains many errors and omissions, which will be corrected in a future number.

MARRIED,—Geo. W. Holbrook, M.D., of New York, to Miss F. M. Lawton.

DIED,—At Charleston, S. C., Dr. B. B. Strobel, 45.—At Lexington, on Lake Huron, Dr. Heath, drowned in attempting to reach Port Huron in a small boat.—At Camp Ringold, Texas, Dr. Ravaud Kearney, of New York, 27.

Report of Deaths in Boston—for the week ending April 28th, 80.—Males, 35—females, 45.—Of consumption, 13—measles, 13—scarlet fever, 5—lung fever, 4—typhus fever, 5—typhoid fever, 1—brain fever, 2—infantile, 7—disease of the heart, 4—dropsy, 2—dropsy on the brain, 2—dropsy in the head, 2—inflammation of the brain, 1—disease of the lungs, 2—accidental, 1—hooping cough, 1—colic, 1—erysipelas, 1—dysentery, 2—delirium tremens, 1—drowned, 1—convulsions, 2—congestion of the bowels, 1—teething, 1—hæmorrhage of the lungs, 1—metro-peritonitis, 1—old age, 1—child-bed, 1—debility, 1.

Under 5 years, 30—between 5 and 20 years, 15—between 20 and 40 years, 18—between 40 and 60 years, 12—over 60 years, 5.

On Ether Glue, or Liquor Constringens; and its uses in Surgery. By C. F. Schoenbein, M. D., Basle.—In the middle of December, 1845, I discovered an organic compound, soluble in common ether, which in its dissolved state has ever since been usefully employed as a surgical remedy, and introduced into our pharmacopœias by the distinguished surgeon of Basle, Doctor Jung, under the term, "Liquor Constringens Schoenbeinii." I had no sooner found out the ethereal solution, than I recommended M. Jung to try its surgical effects, and from very numerous experiments made in our hospital and elsewhere by that gentleman, it appeared that the said liquor proved to be the most efficacious in healing (1) chilblains of all classes; (2) wounds produced by fire; (3) soreness of the skin of different descriptions; (4) certain swellings of the feet, &c. To produce those healing effects of the liquor, which I propose to call Ether Glue, or Ether Balm, the suffering part of the body is immediately to be covered with the solution by the means of a common pencil, such as is used for painting. In cases of exuding wounds, the sore part must, previously to that operation, be covered by sticking plaster. Some of my children suffering much from broken chilblains, I cured with the liquid in a few days.

Many other Swiss physicians and surgeons, and particularly Doctors Miesher and Dennue of Berne, fully corroborated by their experiments the surgical results obtained by Dr. Jung, so that the liquid has been very frequently used these last two years. Dr. Jung communicated his results to the Philosophical Society just two years ago, and did more fully so to the Swiss Association for the Advancement of Science, at a meeting which took place at Schaffhausen, eighteen months ago. The paper read by Dr. Jung was published in the Transactions of the Society. As there is hardly any doubt that what the Americans have lately called "Collodion," and stamped into a new invention of their own, is, in fact, nothing but the Liquor Constringens, known and used in Switzerland for nearly three years; everybody must admit that the priority of the preparation and surgical employment belongs to Switzerland, and not to America. Some years ago I sent to a number of scientific friends, ex. gr., to Faraday, Herschel, Berzelius, and Poggendorff, little transparent vessels made out of the Liquor Constringens, and I have no doubt that if my friends should put their little bells into common ether, they would see them readily dissolved, yielding a fluid closely resembling the American Collodion.

If I did not so thoroughly dislike pursuits about priority, I might perhaps easily explain how it came to pass, that an old thing has been sent to us from America as a new one.

To conclude, I may as well mention that some years ago, French, German and English newspapers treated in rather a vague and somewhat exaggerated manner of a discovery of mine, which to them was no less than a remedy good almost for everything, especially for healing quickly all sorts of wounds. There was some truth in that report, for it referred to the experiments made by Swiss surgeons on Ether Glue, but I did not like to say anything publicly about the subject, for reasons which may be easily imagined.—*London Lancet.*

Berberine in the Calumba Root.—Dr. Boedeker mentions in the *Annalen der Chemie und Pharmacy*, that while engaged in the analysis of calumba, he discovered that this root contains a notable amount of berberine, as proved by the identity of the product with the berberine obtained from berberries by a careful analysis.—*Foreign Dep. London Lancet.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XL. Wednesday, May 9, 1849. No. 14.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 182.]

Hepatitis *(concluded)*.—We did not leave ourselves space, in our last paper, to notice the removal of hepatic abscess by incision or puncture through the over-lying abdominal integuments. As, on the one hand, this is an operation, the indications for which are often extremely obscure—as, on the other hand, its successful performance has often saved life that would otherwise have been lost, it becomes of importance to consider with care the difficulties likely to present themselves.

The formation of abscess, as a sequela of acute hepatitis, is indicated by a cessation of the pain and inflammatory disturbance, such as heat, high and full pulse, thirst, &c. Rigors, too, of course occur, and the patient, for a shorter or longer period, feels relieved. We now, for a time, at least, intermit mercury and every other means, and if the patient has been reduced by depletion or abstinence, we order a diet more or less generous, and perhaps wine. But we know that the danger is not past, for the abscess remains, and that if we do not provide it with an exit it will make one for itself. The matter to be considered, therefore, is—shall we do anything, or leave the case to nature? We have observed already (last paper) that hepatic abscess, left to itself, escapes by one of several ways, some of these safe, others, and most of them, very dangerous. Thus, hepatic abscesses have been known to work to the convex surface of the liver, to cause inflammation of the peritoneal coat of that organ, by which it has become agglutinated to the under surface of the diaphragm; the inflammation has then continued up through this muscle to its pleuritic coat, which has become agglutinated to the depending portion of the right lung, and the hepatic abscess has been finally discharged, by expectoration, through the lung. We have already stated, that by similar continuous inflammation and suppuration it has penetrated into, and been discharged through, the stomach, colon and small intestines ;. or has burst into the peritoneum, a result always mortal. Its safest egress is through the abdominal integuments; this mode we should, therefore, seek to initiate or to facilitate.

More cautious practitioners advise that we should, under no circumstances, introduce a trocar, or lancet, into the region of the liver, until a

decided fulness and discoloration of the skin intimate that not only does the hepatic abscess point at the exact place indicated by these physical signs, but that adhesion must be presumed to have taken place between the surface of the liver and the abdominal walls. And if such be indeed the case, there can be no doubt of the propriety of the operation. But other practitioners advise an operation when there is no local puffiness or discoloration, provided only there be general reasons for inferring that there is an abscess. A case is related by Dr. Everard, in the second volume of the Madras Medical Journal, for 1840, in which the deputy-inspector "thrust a trocar into the liver, through the epigastrium, without waiting to make any preparatory operation to induce adhesions between the parts." The patient, a soldier, recovered. Happy though the result in this case was, we do not consider that the operation was justified. In two cases, with symptoms considerably similar, the operation was performed, and, though pus was evacuated, and though neither any blood nor matter escaped into the peritoneum, death ensued, owing to the presence of several other abscesses besides the one discharged.

M. Recamier goes more cautiously to work than in the manner described above. He first introduces a canula of capillary fineness, and over the puncture made by it places a cupping-glass, and having both determined the existence and site of the abscess, and the nature of its contents, introduces the trocar.

Dr. Graves, of Dublin, recommends to incise the abdominal muscles (over an hepatic tumor) down to the peritoneum, and to fill the incision with lint. This will provoke inflammation, by which the peritoneum of the abdominal wall will become agglutinated to the hepatic peritoneum. The abscess is then to be left to discharge itself. Of this plan, Dr. Budd remarks that he has tried it twice, "but with very unsatisfactory results." For our own part, we should think that if the signs of abscess were so palpable and defined as to induce us to adopt the above method, we should think ourselves quite justified in going further; we should at least have recourse to Recamier's mode of exploration; nor can we see any propriety in leaving to break of its own accord an abscess, to which a slight puncture with a lancet or trocar would give prompt exit.

The locality for puncture or exploration in hepatic abscess is just under the cartilages of the seventh, eighth and ninth ribs. The colon, the stomach, the gall-bladder, the larger hepatic vessels, and the diaphragm, are thus avoided. When the abscess is in the convex and upper part of the liver, we may get at it more directly by perforating in the intercostal spaces, and consequently transpiercing the diaphragm; but the objections to operating there are clearly and concisely stated by Dr. Murray—"From not having seen any patient recover where the matter was evacuated in this direction (through the diaphragm)—from finding that the action of the fibres of the diaphragm impedes the free discharge of the matter, something like a valve—from observing that air sometimes enters the wound when made there—and from considering that the opening is not so dependent through the walls of the thorax as when

made through the abdominal parietes—I beg to recommend the latter mode in all cases."

We have thus detailed the mode of exploring and puncturing the liver, but we must again state, that we cannot consider that the mere probability or even certainty that an abscess exists, but the site of which is undetermined, justifies the introduction of the trocar. A practitioner is expected not to be rash; he is not expected to be omniscient. There is less objection to Recamier's exploratory canula, but even the use of it is a matter for the gravest forethought.

Before concluding, we shall just observe, that even after hepatitis terminates in the most favorable manner—namely, in resolution, a greater or less degree of tumefaction and tenderness remains, with bowels more or less sluggish, and with pale stools. I have found that the most successful, most simple, and least debilitating treatment of these sequelæ, is the nitro-chloric acid pediluvium or semi-cupium, nightly, or on alternate nights. If the pediluvium alone is used, then so much of the two acids, in equal quantities, is to be mixed in the water of the foot-pail as to give it a decided pungency, and to cause a pricking sensation in the skin of the feet. The semi-cupium, or whole bath (for this also may be used), must be milder. They may be taken for a quarter of an hour or twenty minutes. Colchicum will also be found an efficient medicine in the circumstances described above, but its depressing effect is a great objection, at a time when the patient's strength is already greatly impaired, and his appetite, which colchicum weakens, already deficient. Infusion of taraxacum, with one twelfth of a grain doses of potassio-tartrate of antimony, we have also found most efficient in removing irritation of the liver, in reducing its enlargement, and restoring its secretion.

Hop.—The hop is one of the most valuable of the therapeutic means which we owe to the vegetable kingdom. It has this peculiarity, that in any case in which it is indicated as a bitter tonic, its sedative property forms no objection to its use. (Such at least is the experience of the writer, who has much prescribed it.) Few or none of the other bitters admit of a like eulogy. In hyoscyamus and conium, the sedative ingredient over-abounds, or is too powerful, and that prevents us from using them as tonics. On the other hand, the sedative property of the hop advantageously modifies its tonic property, and thus enables us to employ it in cases in which quinine, and even gentian, from wanting such a corrective, prove too stimulant, and cannot be borne.

In France the hop is regarded as a stimulant tonic, and is greatly prized as an anti-strumous means, and doubtless with reason. It is also used as an anti-scorbutic. It unquestionably adds to the salubrity of our ales; but it is to be regretted that dangerous adulterations, such as nux vomica, are sometimes substituted for it.

The active principle of the hop consists of a bitter extract called lupuline. It is not very energetic. According to a formula of Magendie; of a powder consisting of two parts sugar, and one part lupuline, doses of from three to eighteen grains may be taken three times daily.

Hyoscyamus Niger.—This is also a valuable agent from the vegetable kingdom, but the range of cases in which it is useful is more limited

than that of the hop. On the other hand, it suits cases in which the hop would be inefficient. These are cases of stomachic irritability, whether nervous or vascular, in which a pretty powerful direct sedative effect is required. The hop is, in such circumstances, too feebly sedative, besides being tonic and slightly stimulant. Opium often stimulates, instead of allaying irritation; and, besides, constipates the liver, the pancreas, and every secretion along the mucous membrane, and suspends the functions of the motor nerves of the peristaltic muscles, and is hence ineligible. Hyoscyamus is, to a great extent, and in most cases, free from these objections. In the school of Giacomini, hyoscyamus is reckoned among hyposthenizing cephalic agents.

Hypochondriasis.—It is usual for every author, in treating of this disease, to give, or (I ought rather to say) to attempt to give a catalogue of its symptoms, psychical and physical; but this is an endless as it is a useless task. Hypochondriasis, at different times, sometimes at one time, simulates the characters of twenty diseases; so that the singular distinction of this disease among all other maladies is to have no distinctive traits and to confound the symptoms of all diseases in one. In the diagnosis, therefore, of hypochondriasis, a plan is to be pursued different from that which we adopt in every other case. It is usual for us to define what other diseases are; for, from the circumstance of their having peculiar features, it is possible to do so. It being impossible to say what hypochondriasis is (for in turns, or at once, it is everything) our only course is to define what it is not; and this is the method we propose to follow. And we can experimentally assure the reader, that in dealing with cases of hypochondriasis, this method is at once far the simplest, and most practical—at once facilitates our diagnosis, and gives a sure basis to it.

We shall explain our meaning by a very obvious and easy illustration:—A man presents himself to us with an aspect more or less dolorous, but with no unequivocal marks of disease; possibly with an appearance of very tolerable health. He unfolds his case. He has an affection of the heart. You inquire the symptoms. He enumerates some of them with considerable accuracy. You question him closer. "How long has the disease lasted?" "Five years." "And your sufferings have been severe during that period?" "Very." (You say to yourself, *sub silentio*, "a somewhat singular case this, which has lasted severely five years!") "You are sometimes breathless?" "I cannot say I am." "You feel difficulty of breathing, or palpitations, when you exert yourself or walk up hill?" "No! I feel myself the better for exercise." (Singular again!) You feel the pulses; they are not amiss; you apply the stethoscope to the cardiac region. There is nothing to justify suspicion of structural disease. Perhaps contractions more or less languid, more or less rapid; but these varieties occur in a thousand cases. You say to yourself, "this man has no heart-disease;" and you hold some further conversation with him.

The stethoscopic examination, the excitement of it, and the talk about his disease which he has already had, having warmed and quickened his ideas, the patient enlarges his discourse. He now enumerates

symptoms which would lead you to suppose acute peritonitis. You place him on his back on a sofa. He bears pressure calmly, and, as I have said, his pulse is neither hard nor rapid. He complains of feeble digestion, and want of appetite. You question him; you find he makes four meals a-day; eats meat at breakfast as well as at dinner, and probably, in addition to wine and beer, takes brandy or gin. He then speaks of a spinal affection. You cause him to undress, and you make pressure deep on the lateral and on the posterior surfaces of the vertebræ. He winces occasionally as you do so; but if you repeat and diversify the order of pressure, you will notice that the tender point flits from the occiput to the sacrum, and that if you skilfully manage meanwhile to absorb his attention, by some racking question for the nonce, you may pinch him blue without his uttering a complaint.

He thus goes on enumerating diseases, or the symptoms of diseases, to which you as continuously discern him to have no claim, and you then reason thus:—"This man has the symptoms, or apparent symptoms, of many maladies, yet none of these maladies has he actually. What, then, is the anomalous state or affection that makes a man think and feel himself a victim of diseases from which he is free? It is hypochondriasis."

Having made this discovery—one more or less easy in different cases—you will show yourself to be a tyro in medicine, and to be scant indeed in the knowledge of morbid man, if you tell the patient so. I never once saw good, and I have seen harm, come from that course. For the truth is, hypochondriasis is a real disease, as much as ascites or melancholia. A harp may be out of tune, though none of its strings are broken. The patient has, indeed, no cardiac or spinal affection, nor dyspepsia, at least of the ordinary kind; for if he actually had one or other of these, his case would be no longer one of hypochondriasis. His symptoms and despondency would be explicable, and present nothing surprising.

Hypochondriasis, however induced (and into its origin and nature we shall presently inquire), is a multiform derangement of the nervous system in all its divisions. The organic and sentient, and in some cases and to some degree the motor nerves, are affected; but it is in the two former that the disease chiefly resides. No doubt (as we shall seek to prove) the nervous derangement is consequent on a primary one of the blood, and the secreting functions; but the overt phenomena of the disease are chiefly or entirely confined to the nervous system. Morbid sensibility (hyperæsthesia) is the character of the affection. As in some cerebral states, sound and light, which would be unremarked in the sane condition, are perceived with a painful acuteness; as in delirium tremens, the patient's morbid brain and fancy coin the drapery of a dressing gown into the most grotesque or hideous phantasms, and improve into exquisite melodies, or exaggerate into thunder tones, the rustling of his bed-clothes; so hypochondriasis, by a like preternatural excitement of the organic and sentient nerves, exalts into morbid sensations the simple and normal actions of the various viscera. And, therefore, in addition to the organic and sentient nerves, we must name a third portion of the nervous system, as

clearly deranged, in function at least, in every case of hypochondriasis —to wit, that portion of the cerebrum in which thought, whether material or immaterial, resides, acts or manifests itself. It is necessary to suppose this last complication. It is necessary, I repeat, to suppose either that the mind is affected in hypochondriasis, or what is the same, that it is no longer accurately served by the body or by the senses; no longer receives accurate reports from these, or else is itself no longer able accurately to judge of the reports received. For if we find a man feeling or fancying himself to feel symptoms of a variety of diseases which he has not, and anticipating death and other disasters when there is no occasion, we must infer, not only that his sentient nervous system is deranged, but that the mind is so in some degree also; since it has lost the power of discriminating between real circumstances of pain and danger and imaginary ones, and suffers equal uneasiness and more alarm from a fancied heart-disease than from a real one.

It has, however, occurred to me that there is another point of view under which, at least, some hypochondriacal affections may be regarded. I refer to cases in which the mind, though unquestionably sane, is yet deceived as to the site of painful sensations, and in which the body is deceived as to its own sensations. The cases I have in view are those in which, after amputation of limbs, patients perceive, or seem to perceive, pains in parts they no longer possess. Now if a man has *pseudo*-sensations in regard to a lost limb, he may, *a fortiori*, have them in regard to any internal organ.

The causes of the hyperæsthetic state of the organic and sentient nerves, in hypochondriasis, are next to be considered. To ascertain what these, in general, are, we have but to notice the class of persons chiefly prone to this disease. It is those whom habit, accident, or necessity, render sedentary, and inattentive to the natural laws of their physical being. Hypochondriasis will be found principally to choose its victims among literary men (hence it is sometimes named morbus literatorum), musicians, tailors, shoemakers—men who breathe long, at one time, unchanged air, maintain unchanged positions of body, follow too uniform occupations, have their minds filled with too uniform ideas. All, in the physical and intellectual life of such men, tends to stagnation; and in reality, hypochondriasis consists *of an undue venosity in the sanguineous systems of its subjects*, along with a greater or less degree of congestion and remora in the portal circulation; in the circulation, both sanguineous and biliary, of the liver; and in a deficiency in the decarbonizing function of the organ just named, and of the lungs.—*London Lancet.*

PUERPERAL PERITONITIS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Under a commission of the Boston Society for Medical Improvement held by Drs. Storer, Putnam and myself, for the purpose of collecting facts and making a report concerning the puerperal peritoni-

tis which has recently prevailed to some extent in Boston and vicinity, a number of facts of some interest have been collected.

It has happened now and then that the number has been asked for, or communicated to those of whom others have been sought. A consequence has been, perhaps a natural one, that all the cases referred to have been put to my credit. Thus, I was told the other day that I had attended nineteen cases of puerperal fever, and that they all had proved fatal. Another person gave a different number, with the same result, &c. &c. A medical friend told me to-day that, early in practice, he had a case of fatal child-bed fever, and seeing in the bills of mortality that four others were reported, he said there had been this number, to a friend professional or lay, he did not say which. The first thing he heard, a day or two after, of the matter, was, that he had lost four cases of child-bed fever—quite enough, as he then thought, to kill any young practitioner. There is no purpose, in such reports, to tell lies, or to injure any one. It grows out of careless hearing in the first place, and secondly, out of that most natural tendency to exaggeration, which so often gives additional interest to what we say. A sort of reputation comes of it, which cut how it may, gives to the habit a currency which really very good people are not wholly unwilling to be gratified by.

But to return to myself. It so happens that I have not had a single case of this disease in my practice, and so have lost none. Recoveries after labor in my walks, have been quite of an average ease and rapidity. I have seen in consultation some cases of puerperal fever, and this more than once, but have in no instance communicated the disease.

This statement is made from a sense of duty to my professional brethren. I may, in the public, and professional mind, have the credit not only of having had all the puerperal fever, but all the midwifery practice of Boston and vicinity; an appropriation of the public confidence to which, however desirable it may seem, I have not the least claim. Nay, if I have not had more midwifery engagements than I have had of the fever in my own practice, my professional relations to medicine of late, in one direction at least, have been slight indeed.

The report referred to above is in progress. The committee have already received very valuable communications concerning its objects, and will be, I am sure, greatly obliged for further facts. On a few points they may more particularly ask information :—

1. Has erysipelas existed in the same places, at the same time with puerperal fever?

2. Have physicians who have attended erysipelas had cases of puerperal fever at the same time, or near to it, in their practice?

3. Has the disease been malignant, or has it been light?

4. How many cases have occurred in the business of any one physician, and what has been the mortality among them?

5. Have measles and scarlet fever been rife?

6. Has the fever been contagious, and to what degree has contagion been active?

7. Have consulted physicians communicated the disease?

The postscript to my note, Mr. Editor, may be more important than

the note itself. If so, my correction of an error of facts, in the beginning of it, may have a value which otherwise by some may not be felt to belong to it. Very truly yours, &c.

Boston, April 29, 1849. W. Channing.

NATIONAL CONVENTION FOR REVISING THE PHARMACOPŒIA OF THE UNITED STATES.

[Communicated for the Boston Medical and Surgical Journal.]

The Convention for revising the Pharmacopœia, which met in Washington in January, 1840, adopted the following resolutions:—

"1. The President of this Convention shall, on the first day of May, 1849, issue a notice, requesting the several *incorporated State medical societies*, the *incorporated medical colleges*, the *incorporated colleges of physicians and surgeons*, and the *incorporated colleges of pharmacy*, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington, on the first Monday in May, 1850.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates, or through any other channel, to the next convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of the Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

"4. In the event of the death, resignation, or inability to act, of the President of the Convention, these duties shall devolve on the Vice President; and should the Vice President also be prevented from serving, upon the Secretary or Assistant Secretary, the latter acting in the event of the inability of the former."

In compliance with the foregoing resolutions, the undersigned, having been informed by the President of the late Convention, Dr. Lewis Condict, that he would be unable, from indisposition, to perform the duty assigned to him, gives notice to the several medical and pharmaceutical bodies enumerated in the first resolution, that a Convention for revising the National Pharmacopœia will meet in the city of Washington, on the first Monday in May, 1850. The undersigned also requests of the several bodies referred to, that they will fulfil the wishes of the Convention, as set forth in the second resolution; and, further, that they will transmit to his address, on or before the first of March next, the names and residences of the delegates whom they may appoint, in order that a list of them may be published as directed in the third resolution.

Geo. B. Wood, M.D.,

Philadelphia, May 1, 1849. *Vice Pres. of the Convention of* 1840.

INVERTED UTERUS.

Read before the Litchfield (Conn.) County Medical Society, and communicated for the Boston Medical and Surgical Journal.

On the 22d of August, 1845, Mrs. H., aged 24 years, was delivered of her first child. The labor was easy and natural. The placenta was expelled, without interference, about twenty minutes after the birth of the child. The flow was rather copious, yet not enough to cause any alarming depression of the system. She was very comfortable for about fifteen or eighteen hours after the birth, but at the end of this time, pains of unusual severity for "after-pains" (said her nurse), came on and continued with great frequency for two or three hours, when they suddenly ceased, leaving the patient in a state of great prostration. Dr. Beardsley, an elderly gentleman of the profession, was called in, being myself at the moment out of the village. On my arrival, a short time after the call of Dr. B., I was by him informed of her symptoms, and his treatment, as follows:—"She was very much exhausted; surface cold, pale, and covered with a profuse, clammy sweat; a constant tendency to faintness, and with a pulse so small and frequent as to render it difficult to count it. I gave diffusible stimulants, and employed thoroughly warm stimulating spirituous embrocations to the skin. Slight re-action came on, and I perceive a tumor has emerged from the vulva of a size one third larger than a goose egg, having an uneven surface, consisting of little eminences at irregular distances from each other, which I judged to be the inverted uterus." We made an effort to replace the organ. Carrying my hand within the vagina, after having carefully inspected the presenting surface which I found to be, as I supposed, the *womb inverted*, the thumb was applied to the fundus, which I was able to carry within the body of the organ at least two inches. When at this point it met with unconquerable resistance, and produced much uneasiness to our patient. Our efforts were suspended, and an opportunity allowed for rest. Dr. Beardsley repeated the attempt at reduction; but nothing permanent being gained, our efforts were again suspended.

The fore part of the following day Mrs. H. was comfortable, but in the afternoon became restless, in part, doubtless, from retained urine. On being raised up, she experienced increased sensation of pressing down, and it was ascertained that the tumor had again partially protruded. She being returned to a recumbent posture, the tumor was pressed from its bearing on the urethra, and the bladder was relieved. A messenger was despatched to New Haven, a distance of fifty miles, who returned with Professor Beers, of the Medical Institution of Yale College, about the commencement of the fifth day of the case.

I continue the story by copying from a letter received from Dr. Beers, who, in order to make a connected history of the case, transcribes a portion of a letter I addressed him, which transcript I have given in substance above. The Professor writes as follows:—"The foregoing relation of this case was communicated to me by Dr. Hatch, in a letter eight months after its occurring, coming down to the time when my own observations commenced, which was on the fifth day from her ac-

couchement. The tumor was found as above described; its size was that of a healthy, well-contracted uterus a week after delivery. It manifested the elastic, firm feel of that organ; had feeling, but was not highly sensitive The patient bore continued and forcible pressure with but little complaint. The abdomen was soft, not full. The uterus could be felt when firmly pressed up above the pubis, and subsided into the vagina when the pressure was removed. There was no doubt of its being a case of complete inversion of the uterus. The comfortable state of the patient—her anxiety, with that of her friends, and her fortitude to bear any operation which was deemed prudent, induced the council, with scarcely any expectation of success, to attempt its restoration by mechanical force, carried so far as it should be found could be borne with safety.

"For this purpose two instruments were procured, with smooth turned heads like that of a common walking cane, the largest about two inches in diameter, and the other of about half that size. The smaller was most used, as it was found better to retain its place on the tumor. The head of the staff was applied to the centre of the tumor, which was the fundus of the uterus; moderate, continued, and at length firm pressure was made in the direction of the axis of the pelvis. The head of the instrument was indented an inch or more into the tumor, and the whole pressed so high that it might be felt above or even with the pubis. The inverted fundus and body of the organ were pressed into the more soft and yielding neck, so that it could be felt as in parturition, projecting around the more solid part of the tumor, giving flattering hope at one time of ultimate success. This was continued four or five hours. After its removal and several hours' rest, it was found that no benefit was derived from the operation, the part having returned to the same state as before the attempt."

I am enabled to add, that Dr. St. John, of New Milford, was of the council in attendance on Mrs. H. His accuracy in diagnosis I need not speak of before this audience; and he authorizes the statements here offered. I have introduced the account given by the gentlemen who saw this interesting case, that its true nature may be thus thoroughly established. I now proceed to give its subsequent history.

The convalescence of Mrs. H. was slow, but in four or five weeks she was able to walk across her room, and steadily gaining strength thereafter, was soon able to ride out; but ever, when in an erect position, she suffered a distressing sense of dragging weight in the pelvic region, intimating, as she thought, the necessity of taking a seat, after having been on her feet a few moments, to prevent its escape from the vagina. She often spoke of the tumor as not sensibly diminished in size, and occupying a very low position.

Between nine and ten months had passed in this way, when I was informed that the tumor had then lately so changed its location that "she knew not what had become of it." In the month of February, 1847, she had a profuse menstrual flow, the first considerable evacuation of the kind she had experienced since in this state; and in March a second irruption, still more abundant, occurred, from which she became conside-

rably reduced. Nothing of the kind recurred, and she passed the following spring and summer seasons in good health.

Early in the winter, I think in December last, I was applied to for my opinion as to the question of her pregnancy; and was led to concur with the patient herself in the belief that such was probably her condition. No examination per vaginam was had. On the 23d of May last, at 4 o'clock, P. M., Mrs. H. was attacked with a severe chill, and a spontaneous rupture of the membranes immediately ensued. Slight pains came on, and recurred at very short intervals till 6 o'clock, P. M., when she was delivered of a boy whose weight was nine pounds six ounces. Very slight pains followed, at intervals of from twenty minutes to two hours. There being no considerable hæmorrhage, I patiently but watchfully waited, while, as a precaution, perhaps unnecessary, I introduced the staff, spoken of by Professor Beers, by the side of the cord within the uterus, till it rested gently on the fundus; nor till 6 o'clock next morning, did the placenta descend, when it lodged low in the vagina and was removed. She recovered rapidly, and has enjoyed the best of health since. JOHNSON C. HATCH, M.D.

Kent, Litchfield County, Ct., April, 1848.

CONJUNCTIVITIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Among a number of professional scraps and notes that have accumulated upon my hands, I find the following Hindoo remedy for conjunctivitis, which I brought with me from the East Indies. From the great popularity which it has attained, among the natives in southern India, I have no doubt of its having cured thousands in that country. Would it prove of equal advantage in the United States? This needs to be seen. I remain, yours most truly, JOHN DAWSON.

Philadelphia, 30th April, 1849.

A Hindoo Remedy for Conjunctivitis.—Take a flat, rusty piece of iron, and a lump of alum about the size of a nutmeg. The alum is to be melted on the iron over a lamp, then add the juice of half a small lemon, or a little juice, rub together and apply to the lids while warm, morning and evening, for three or four days.

This composition is apparently the citrate of iron and alumina.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 9, 1849.

American Medical Association.—Since the last number of the Journal was issued, this great American medical congress has been in session, accomplished the objects contemplated, and the representatives have

returned to their homes. The session commenced at the Lowell Institute, on Tuesday, at 11 o'clock. We have a vivid recollection of the unfavorable views once entertained of the Association, by prominent professional gentlemen; but those who are most familiar with its brief history, its progress, and the brilliant prospects shadowed forth in the future, contemplate with proud satisfaction and delight the influences which it is calculated to exert on the medical character of the United States. With regard to the late annual meeting, it is difficult to determine what part of any day's transactions might be detailed, of more interest than another. Perhaps, therefore, it is only necessary to state the gratifying fact, that harmony, order and good fellowship eminently characterized the meeting. There was an extraordinary concentration of medical talent from a majority of all the States in the Union. The delegates alone numbered upwards of 450. The South, North and West, with a representation stretching from Maine to Georgia, on the seacoast, met together for the first time in the metropolis of frigid New England. We trust that the distinguished strangers present discovered that our hearts were not as hard as the rocks which so much astonish travellers among us, nor as cold as our climate might indicate. On Thursday the association adjourned from the Lowell Institute to the State House. The contrast was very striking between that elegant structure and the noisy locality where the session was at first opened. There were presented a succession of important communications and papers, from various sources and on a variety of topics. During the debates, which were instructive and animated, some of the speakers evinced a dignity of manner and forensic power that would compare favorably with that of the members of the bar. It is with a feeling of profound gratification that we record the kind and respectful intercourse that has characterized the proceedings, from the commencement to the termination of the session. Of the papers communicated, we shall hereafter speak more fully, as circumstances and convenience render expedient.

Of the reception of the delegates by the faculty of Boston, at the Revere House, on Wednesday evening, nothing more is demanded than to say that the impression was general that the welcome was warm from the heart. Some of the addresses on that memorable occasion were admirable. Those of Drs. Mitchell of Philadelphia, Johnson of St. Louis, and Bond of Baltimore, were in excellent taste and to the point. Dr. Bigelow of Boston, Chairman of the Committee of Reception, one of the best presiding officers in the corps medical, was particularly happy in drawing out sentiments from those whom all were delighted to hear.

Dr. John C. Warren, of Boston, was elected President for the coming year, and the next meeting will be held in May, 1850, at the city of Cincinnati, Ohio.

Our readers have probably all received, through the extra sheet sent them from this office, a more minute account of the proceedings during the first three days of the session. As was mentioned in last week's Journal, it was intended to forward to subscribers a daily report of the doings of the Association. This was done only in part, it being found impracticable fully to carry out the proposed plan. As the report sent was not in a form to preserve, portions of it will be inserted in the body of the Journal, that permanent record may be made of the more important doings of the Association. We this week insert the addresses of Dr. Warren of Boston, and Dr. Stevens of New York, at the opening of the session, as furnished by our reporter, and some of the resolutions passed. Dr. Warren remarked:

To the President and Members of the American Medical Association.

Gentlemen:—The Massachusetts Medical Society have appointed a commission, of which I have the honor to be the organ, to express their gratification at your arrival in this city. They viewed with great pleasure your determination to convene in this distant region; highly estimating as they do the importance of bringing together the experience and learning of practical physicians, in order, by an union of opinion, to arrive at those improvements which are the great objects of your labors. From the South, the West, the Centre and the East, quitting the interesting scenes of practice and devoting yourselves to the public good, you have assembled here for the great purpose of improvement. We congratulate you on your arrival: we congratulate ourselves and the public on your presence here, and we bid you a hearty welcome to the shores of the Pilgrims.

Gentlemen, by a harmonious union you have been enabled to commence the work of medical improvement. You have already entered on the paths which lead to the advancement of medical education and of hygiene—to the purification of the Materia Medica, and to valuable contributions to therapeutical science. By a continuance of the same harmony of action, you may have the pleasure of seeing the labors you are this day to resume, extend their influence over the vast country between the great Northern Lakes and the Southern Seas, between the rocky shores of the Atlantic Ocean and the golden vallies of the Pacific.

The following is an abstract of the remarks of Dr. Alexander H. Stevens, of New York, President of the Association, at the opening of the session.

Delegates and Members of the American Medical Association:

It is my duty to declare that your session is now open. As I look around and note the number and character of those who compose this body, and mark the zeal by which it is animated in the philanthropic cause, which, from the remotest part of our wide-spread country, has brought here the most eminent members of our vocation, I feel proud of my profession, and thank God that I too am a physician.

In Divine Providence, our gratitude is due for permitting us once more to assemble in order to consult together on the means by which our united efforts may best advance our common calling.

Our previous meeting, Gentlemen, was held in the city where the Federal Constitution was first put into operation; the second, near the hall from which issued the Declaration of American Independence; and the third, at the base of the monument of Washington. Here we are assembled in the land colonized by Carver and by Winthrop, abounding in true wealth beyond even the golden dreams of Cortez and Pizarro: not in material riches alone, but in all riches that constitute and create not only national wealth but national greatness, and all that offer the surest guarantees of their duration and increase.

We are in New England—the great Normal school of American education. In the city of Boston, its ancient capital, the focus of American enterprise, the native city of Franklin, the last residence of Bowditch. Here lived and preached and wrote the American Plutarch, Cotton Mather. Coming down to later times, here is Faneuil Hall, and the Boston Common, and the Old South meeting house, all famous in our revolutionary annals. Near at hand is the scene of the Boston Tea Party, and, above all, here is Bunker Hill, where was fought the first great battle of our independence. A noble column, immortalized by American eloquence, commemorates the event, and marks the spot where fell the revolutionary leader—the first Warren. * * * *

Since the last meeting of this association, medical societies have been formed in almost all of the States in which they had not previously existed. In New York, the influence of medical men, derived in part from this and other associations, has rescued city and State hospitals from political management. Much to the advantage of the sick, the legislature has for the first time published the transactions of the State Medical Societies. * *

The present age is peculiarly an age of associated effort, and associated effort is peculiarly adapted to the genius and the habits of our people. This congress of physicians is convened in the true spirit of our federal and republican system of government. If I rightly appreciate its mission, it is to accomplish for medicine what the wise framers of the Constitution of these States achieved for civil and religious liberty—to raise it to its true position, remove its abuses, restore it to its pristine dignity, and, in fine, to bring it back to the Hippocratic order.

If I do not err, a republic—and above all, a republic where, as we believe, human life has its highest value—is, in many respects, best adapted to foster and develope medical science and medical art in the highest perfection. Medicine looks upon man in reference to his moral and physical condition. This is in accordance with our republican feelings. Moreover, in a monarchy, where exist an effeminate court, or an hereditary aristocracy, or military nobility, not only is the social position of our profession lowered, but, forgetting its true objects, it is tempted to pander to the vices and the follies of the great. But not from the form of our government alone is our country peculiarly adapted to the carrying of our science and our art to their highest perfection; we are, and ever have been, free from many usages originating in the dark ages, and which elsewhere impede the progress of medicine and lower the morality of the members of the profession. Our physicians here are not obliged, as in England, to resort to indirect modes of obtaining remuneration for their professional visits. Our medical men, moreover, are familiar with the external qualities of medicines, and are not, as in England, dependent upon apothecaries for instruction and for patronage. * * * * *

On Friday, the Committee to whom was referred, the day previous, the subject of medical education, reported a series of resolutions, which may be found on the last page of to-day's Journal.

The following resolutions were also passed, together with the usual votes of thanks.

On motion of Dr. Bond, of Baltimore, *Resolved*, That this Association recommend the encouragement of private medical institutions, strongly advising that dispensary practice be made, as far as practicable, an important part of the means of instruction.

Dr. Evans, of Illinois, offered the following: Whereas, merit should be the test by which one individual is preferred to another, and whereas the places of profit and honor in our profession should be open to the competition of all, in order that the best selections may be made therefrom—

Resolved, That trustees and others exercising the office of appointing Professors in Medical Schools be requested to adopt the system of *concours*, or public trials, among the means resorted to for calling out the talents of the profession, and ascertaining the qualifications of applicants. Adopted.

Dr. Wood, of Philadelphia, called up his resolution on the subject of Dr. Ware's paper. It is as follows:

Whereas, a document prepared by the Medical Faculty of Harvard University, and appended to the report of the committee on medical educa-

tion, contains an elaborate defence of the limitation of the courses of medical instruction in the schools to four months; and whereas this document has been referred, along with the report of the committee on medical education, to the publishing committee, and, if it be not mistaken by the public as a representation of the views of this Association, may at least have the effect of contradicting those views, unless they are properly supported, therefore

Resolved, That a Committee be appointed to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months, and that the statement thus prepared be printed in the forthcoming volume of the transactions of the Association.

After a brief discussion, the resolution was adopted, and Drs. Wood, Jackson, and Atlee, all of Pennsylvania, were appointed as the committee.

The Association adjourned, *sine die*, on Friday evening.

Surgery in Harvard University.—Three weeks since, the resignation of Dr. Hayward, Professor of Surgery in the Massachusetts Medical College, was noticed in the Journal, and to-day we are enabled to announce the appointment of his successor. The Trustees of the University have selected Dr. Henry J. Bigelow, of this city, to fill this important chair. Since surgery has been taught in New England, no one has ever come before the public, as one of its professed teachers, so young in years as Dr. Bigelow. He has been preceded by men of strong powers and matured experience, who have given a character and even a glory to the professional name of Boston. The advantages he has had for qualifying himself for the eminent position to which he has been elected, the genius he has manifested for imparting instruction in that particular department of medical science, together with his well-known readiness and tact in the manipulations of surgery, justify the expectation of an honorable and useful career in the responsible chair offered for his acceptance. Wishing Dr. Bigelow a long life of health and distinguished usefulness, we congratulate him on the flattering attention he has received by this nomination, and trust that future chroniclers will refer with as much pleasure to his professorial success, as we do now to his appointment.

Acid Springs.—At Alabama, Genesee Co., N. Y., a peculiar mineral water flows out of the ground, that cannot be otherwise than interesting to invalids and medical men. A few bottles were on the table for examination, during the late meeting of the American Medical Association, which attracted considerable attention. On the authority of Dr. S. P. White, who read a paper on the Alabama springs, in December last, before the New York Academy of Medicine, the water is deserving of immediate notice from high places.—"The class of diseases to which they are more particularly adapted," he says, "are chronic affections of the digestive and urinary organs, and some of the cutaneous diseases, chronic dyspepsia, chronic diarrhœa, chronic dysentery, chronic diuresis, chronic cystitis, diabetes, cases of passive hemorrhage, such as *purpura hemorrhagica;* and the colliquative sweats of hectic fever. The water may be also used with advantage, he says, in cases of low typhoid fevers; in convalescence from protracted fevers, to excite the appetite and promote digestion; in diarrhœas, particularly such as are dependent on a relaxed

or ulcerated state of the mucous membrane of the intestines. In calculous affections, or lithiasis attended with phosphatic sediments, it is the suitable remedy, being preferable to muriatic acid, as being more solvent, and less apt by continued use to disorder the stomach. In febrile diseases it can be used, properly diluted, as a refrigerant to diminish thirst and preternatural heat. In skin diseases—in those forms of dyspepsia connected with an alkaline condition of the stomach, in *pyrosis* or water-brash, it will prove better than hydrochloric acid. In cases of *colica pictonum*, and other injurious consequences arising from the action of lead, this water will prove to be an admirable antidote; in chronic pharyngitis, laryngitis, chronic mucous diarrhœa and humid asthma, chronic ophthalmia, as a gargle in ulcerated sore throats, in cases of salivation, and in leucorrhœa and gleet, also the piles.

Lever Truss.—There seems to be no end to new modes of constructing trusses. Twenty years ago it was generally conceded that inventors had got to the end of the warp, and nothing more could be introduced that would supersede the *last invention!* However, human ingenuity is not to be forestalled in that manner; and from that period to this, the patterns, growing better all the while, are now positively almost beyond enumeration. Recently an entirely new thing, never before fabricated or even suggested, has taken us by surprise, under the name of *lever truss.* They are all levers, as to that matter, but this has a certain long, curved, brass perineal wire, unlike past patterns. Its pads are singularly constructed, and, best of all, they actually work quite as well in practice as in theory. Being manufactured in New York, very cheaply, with the avowed intention of fitting the price to the purse of the poorer applicants, the instrument will certainly be in demand. A report of a committee of the New York Academy of Medicine is strongly in favor of the new principle, and that circumstance is a consideration, as the Academy would not sanction an inferior article.

Dictionary of Dental Science.—Within the recollection of even young men, dentistry has assumed a character and importance which could not have been anticipated by the operators of the last century. It now has a literature as well as science, the foundation on which all success in the manual part of this branch of surgery depends. Dentistry has become not only exceedingly respectable, because gentlemen of standing in the community have identified themselves with its practice, but such marked advances and improvements have followed, that the people recognize the claims of dental operators, and willingly accord to them the honors due to genius, mechanical skill, and scientific attainments. Writers have become quite numerous in the various departments of dentistry. Some of them treat of the anatomy of the mouth; others descant on the diseases peculiar to that region; while some, with an ardor that never becomes weary, explain the processes of dentition. Lastly, the manufacture of artificial teeth, plate work, filling, &c. &c., has exercised a class of mechanical minds and hands, producing extraordinary results, and changing the whole system of old-school dentistry to a beautiful and truly useful, and, in fact, indispensable profession.

On receiving "A Dictionary of Dental Science, Biography, Bibliography and Medical Terminology, by Chapin A. Harris, M.D.," &c., a large octavo of 780 pages, we were very naturally confirmed in the idea that there

was much to be learned, and much, too, that was worth learning, on the subject of dentistry. This is the only work of the kind in the world, it is presumed, and one is almost tempted to believe there will never be another, since whatever belongs to the subject is here brought into an elaborate alphabetical arrangement, as convenient as could be desired for reference. Dr. Harris, the laborious author, must be a man of intense industry and activity, to bring out so many excellent volumes as now bear his name, and which are unhesitatingly received by the dental fraternity, as the latest and best authority. This dictionary is a valuable reference for the medical profession also; and may be resorted to with profit in regard to a variety of diseases for which they are consulted. It is creditable to this country that such advances have been here made in operative dentistry, and that the best books extant, explanatory of the intricacies of the art, and perhaps, also, the best operators, belong to the United States.

Maternal Management of Children.—This is no ordinary performance. It contains instructions which are needed in the responsible office of rearing children, beset as they are at every point, from the day of birth, by the shafts of disease. Thomas Bull, M.D., the author, appears to be in high repute in England, for the service he has rendered in the production of this judiciously-written volume. Messrs. Lindsay & Blakiston, of Philadelphia, have furnished an American, from the third London edition, at a price which allows persons in very humble circumstances to have a copy. The physical mangement of children in health and disease demands intelligence which is far from being universal in any community. How melancholy and vast is the loss of infantile life, and simply for the want of a little elementary knowledge of the way of doing that which nature demands for the preservation of young children. Mothers will be especially benfited by the study of this excellent book. We can devise no readier method of having it reach the family fire-side, than for physicians to recommend it in their intercourse with families. It is not specially designed for the study of medical gentlemen; the sphere of its influence must be in the nursery. A more acceptable present could not be made to a young mother.

Anæsthesia in Midwifery.—Messrs Lindsay & Blakiston, of Philadelphia, have furnished the medical public with a volume which contains the substance of the several essays, written at different times, by the celebrated Professor Simpson of Edinburgh. Many of them first appeared in the medical journals of that city, and to these have been added the verbal statements of the author in regard to anæsthetic agents, at some of the medical societies of the city. They have now been concentrated in a single octavo, of 248 pages, under the title of "Anæsthesia, or the employment of Chloroform and Ether, in Surgery, Midwifery, &c., by J. Y. Simpson, M.D., F.R.S., &c." As the various essays and communications which go to make up this work, were noticed at the period of their appearance, it would be a waste of words to dwell on any of them now. Professor Simpson is regarded as authority not to be questioned, and an embodiment, therefore, of his experience, opinions and suggestions, cannot be otherwise than well received. The advantage to be realized from this publication, is that of having the whole matter brought under the eye in a single book.

Letters on Cholera.—A series of letters, that first appeared in the Standard and Reformer, at Knoxville, Tenn., on the cholera, and approvingly noticed in this Journal, are collected and published within covers, and dedicated to H. V. M. Miller, M.D., one of the faculty of Memphis Medical College. The author, a man of strong powers, is Frank A. Ramsey, M.D., a professor in the same institution. There are six letters, embracing all that could be gathered, by a person of great industry and intelligence, in regard to that disease.

Delegates to the late Medical Meeting.—From the printed document which was prepared with a great deal of care by Dr. Bowditch, one of the Secretaries, we gather the following facts respecting the delegates. The whole number reported to the Secretary by the various Schools, Societies, &c., in the country, in season to be entered in the printed list, was 640. As already mentioned in our report of the proceedings, the number actually present was about 450. The printed list, on account of the lateness of returns, does not show this number to be present; but probably the proportion of the latter to the number appointed may be correctly ascertained by the following statement obtained from that list. In the State of Maine, there were 3 appointed, all present; New Hampshire, 41, present 30; Vermont, 71, present 26; Massachusetts, 153, present 124; Rhode Island, 13, present 12; Connecticut, 42, present 24; New York, 89, present 49; Pennsylvania, 45, present 28; New Jersey, 4, present 2; Delaware, 11, present 4; Maryland, 74, present 10; District of Columbia, 2, present 0; Virginia, 25, present 5; South Carolina, 22, present 6; Georgia, 9, present 4; Alabama, 16, present 5; Ohio, 9, present 2; Illinois, 6, present 0; Indiana, 3, present 2; Iowa, 1, present 1.

Treatment of Hæmorrhage after the Extraction of Teeth.—We are advised by practical writers to use in such a case divers astringent gargles, plugging the socket with lint, dipped in alum lotion, or with putty, or even to replace the tooth itself. A Dr. Soirac, of Paris, has lately succeeded in arresting such hæmorrhage, which happened thirty-six hours after the operation, by filling the socket with wax, and slightly compressing it. This simple method is rather less complicated than the means which M. Roux was on the eve of using in an analogous case. He was preparing to tie the carotid for a hæmorrhage of this description! but the patient refused to submit, and left the hospital. M. Cloquet once succeeded in arresting the loss of blood after the extraction of a tooth, by placing in the socket a piece of gentian root, cut into the shape of the tooth; this kind of stopper, by swelling up, effected sufficient pressure on the vessels to arrest all hæmorrhage. Collodion would doubtless prove a valuable agent for the same purpose.—*London Lancet.*

Medical Graduates, 1849.—The number of graduates in the Medical Department of the University of Pennsylvania, was 190; College of Physicians and Surgeons, New York, 39; Harvard University, 25; Medical Department University of the city of New York 134; Jefferson Medical College, 188; Medical Department Pennsylvania College, 36; Philadelphia College of Medicine, 21; University of Maryland, 64; Medical Col-

lege of Georgia (Augusta), 36; Medical Department Transylvania College (Lexington), 46; Medical Department University of Louisville, 81; Medical College of Ohio (Cincinnati), 50; Rush Medical College (Chicago), 18; Medical Department University of Missouri (St. Louis), 38; Starling Medical College (Columbus, O.), 50.—*Medical News.*

Medical Miscellany.—Dr. Foote, of Buffalo, N. Y., has accepted the appointment of Charge d'Affairs to Bogota.—A mob spirit has been threatening the destruction of the Quaker lunatic asylum at Frankford, Penn. It grew out of the Hinchman case—a sane man having been boxed up so that his temporal affairs might be managed by some one else.—A board of medical officers of the army has been appointed by the Secretary of War (Drs. Wheaton, De Camp and M'Lauren), to select a site for a marine hospital at St. Louis, Missouri.—Green tea is represented to have been forbidden during the prevalence of the cholera, somewhere South.—Dr. Dunlap, Postmaster of Indianapolis, has been removed.—Dr. McNabb, who was held to bail in $3000 to appear at court, at Amherst, N. H., on the charge of causing the death of a female, did not appear—he is said to have gone to California.—Measles is still exceedingly prevalent in the northern part of Vermont, but not very fatal.—Dr. J. Hope, of the U. S. Navy, has been fighting a duel.—A death has just been announced at Cincinnati, by chloroform, administered by a physician, who was to have performed an operation.—The annual cost of maintaining criminals in the gaols of England is upwards of £400,000.—The Scottish Temperance Review calculates that Dundee spends yearly on drink about £200,000; while £7000 will more than cover its expenditure for all religious, educational, and benevolent objects put together.—The Positivo of Rome states that the prisons of the holy office have been visited by the authorities, and the prisoners set at liberty. Among them was a bishop of Egypt, condemned under Leo XII., whose legs were nearly paralyzed from the length of his confinement.—The cholera in Glasgow has destroyed 1900 persons since the 11th November last, out of a total number of about 5000 cases.

To Correspondents.—A communication from Dr. M. L. North, and one from S. R., have been received.

Married,—In New York, Dr. R. A. Cameron to Miss J. A. Porter.—Henry Sargent, M.D., of Worcester, Mass., to Miss C. D. Whitney.—At Wayland, Mass., Ira Perry, M.D., of East Weymouth, to Miss Joanna Bullard, of Wayland.—In Abington, Mass., Dr. Charles A. King, of A., to Miss Anna H. Shaw, of Carver.

Died,—At Roseville, Staten Island, N. Y., Cyrus Perkins, M.D., formerly Professor of Anatomy and Surgery at Dartmouth College, N. H., 70.—At New York, by dividing the femoral artery with a razor, voluntarily, Dr. Charles G. Chapman.—At Nashua, N. H., Joseph Hubbard Graves, M.D., 29.

Report of Deaths in Boston—for the week ending May 5th, 83.—Males, 49—females, 34.—Of consumption. 4—measles, 8—scarlet fever, 5—typhus fever, 2—lung fever, 1—slow fever, 1—erysipelas, 4—debility, 6—drowned, 1—delirium tremens, 1—infantile, 4—poison, 1—inflammation of the lungs, 1—hooping cough, 1—croup, 3—convulsions, 1—inflammation of the bowels, 2—marasmus, 1—congestion of the lungs, 1—dysentery, 1—disease of the bowels, 1—intemperance, 1—child-bed, 1—cyanosis, 1—disease of the heart, 1—dropsy, 1—old age, 1—tumor, 1—unknown, 1.

Under 5 years, 40—between 5 and 20 years, 11—between 20 and 40 years, 20—between 40 and 60 years, 8—over 60 years, 4.

Report on Medical Education.—Dr. Stevens, chairman of a Special Committee appointed at the late meeting of the American Medical Association, submitted the following report and resolu ions, which were adopted :—

The committee to whom were referred the resolutions offered by the standing committee on medical education, the letter of Dr. John Watson, of the New York Academy of Medicine, &c., have the honor to report that they have examined the several documents mentioned, and have agreed to recommend to the association the adoption of the following resolutions:

1. *Resolved*, That the Association reiterate their approval of the resolutions, in reference to medical education, adopted by the Convention which met in Philadelphia in May, 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

2. *Resolved*, That the attention of medical colleges be again directed to the resolutions of the Committee on Preliminary Education, adopted by the Medical Convention of 1847, and that they be advised to require from the students, in all instances, certificates of due preliminary acquirement prior to graduation.

3. *Resolved*, That physicians generally, throughout the Union, be advised and requested to require of those wishing to become their pupils, evidence of a proper general education, before admission into their offices.

4. *Resolved*, That this Association does not sanction or recognize "college clinics" as substitutes for hospital clinical instruction, and that the medical colleges be again advised to insist, in all instances when it is practicable, on the regular attendance of their pupils, during a period of six months, upon the treatment of patients in a well-conducted hospital, or other suitable institution devoted to the reception and cure of the sick.

5. *Resolved*, That in accordance with a resolution of the American Medical Association adopted May 4th, 1847, it is earnestly recommended to the physicians of those States in which State Medical Societies do not exist, that they take measures to organize them before the next annual meeting of this Association.

6. *Resolved*, That the State Societies be recommended, after they shall have been organized, to recognize as regular practitioners none who have not obtained a degree in medicine, or a license from some regular medical body, obtained after due examination.

7. *Resolved*, That this convention recommend to the various schools of medicine to meet at Cincinnati before the next meeting of this Association, and present a plan for elevating the standard of practical education.

On the external use of Iodine in Croup.—Dr. Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases in which, by this means, he succeeded in averting impending death.—*Lond. Med. Gaz.*

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SMALLPOX AND VACCINATION.

A Letter from Archibald Welch, M.D., President of the Medical Society of Connecticut, to M. L. North, M.D., of Saratoga Springs, N. Y.

My Dear Sir,—Your report of the discussion at the meeting of the Medical Society of the State of New York, on the subject of smallpox and varioloid [see page 109], was a very interesting document. It is not only valuable to the profession, but the views and information communicated to the faculty ought to be read by all classes of the community. That smallpox, and its accompanying disease, varioloid, have been within the last few years alarmingly on the increase, is too well known to be questioned. The causes and the remedy are not sufficiently understood by those who are deeply interested in this matter.

During the months of March and May, 1848, thirteen cases of smallpox and varioloid occurred in the village of Wethersfield, where I was then in practice. Six of the cases were in the Connecticut State Prison, the medical department of which was then under my care. The first was a convict who had never been vaccinated, and had been in prison eight years. This case was followed by five of varioloid, more or less severe. I allude to these facts for the purpose of presenting the following, which go to disprove the popular and long cherished opinion that the protective influence of the vaccine disease is eradicated from the system in a few years after vaccination. As soon as I discovered that one of the convicts had smallpox, I vaccinated all in the institution (to the number of about two hundred), except one or two who had previously had smallpox, and two insane convicts. All had been more or less exposed to the disease, but nearly all of them had been vaccinated. I noted the *name*, *age*, and *time of vaccination* of each individual. The time which had elapsed since vaccination, varied from two to forty years. Those who had been vaccinated *thirty* and *forty* years ago, were no more susceptible of the vaccine disease than those in whom the virus had been inserted within the last five or ten years—in fact, I could discover no difference in regard to susceptibility ; from which I infer that the degree of protection which the system receives from *one* vaccination (whatever the amount may be) is retained during life. That one vaccination will effectually protect the system, *in all cases*, against smallpox, I have never believed.

In 1810, I was vaccinated, and had the disease in a genuine form. In 1836, for the first time after my vaccination, I had a case of severe confluent smallpox under my care. I then re-vaccinated myself, and suffered as much from the local inflammation, and from febrile symptoms, as in the first instance. Whenever I have been exposed to the disease since that time, I have re-vaccinated myself, until the susceptibility to receive the disease is *entirely eradicated.*

From careful observation on this subject, I am confident that re-vaccination, repeated until no impression can be made upon the system, will effectually and certainly prevent the smallpox. I am aware that in consequence of recommending re-vaccination, we render ourselves liable to be accused of being influenced by motives of self-interest; but while we are confident that this is the only safe course, is it not our duty to enlighten our employers on this important subject, and thus prepare the way to exterminate a very loathsome and dangerous disease? It is not only important that we should urge upon our friends the importance of re-vaccination, but also the importance of having it performed by responsible persons, and in no instance with the virus of a second vaccination.

I am very truly and respectfully yours,

Hartford, April 28, 1849. ARCHIBALD WELCH.

A COMMON-SENSE TALK ABOUT "SHIP FEVER."

BY A. C. CASTLE, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

> "They tell us that good fortune and evil fortune
> Come to all things alike in this world of time.
> Thou seest two bricks baked together,
> Baked from the same clay and furnace;
> *One* shall be laid on the top of a minaret,
> And the other at the bottom of a well!"—*Eastern Poet.*

FROM the recent unnecessary alarm propagated with regard to the importation of "ship fever," "Asiatic cholera," &c. &c.; and it having been my fortune, during my peregrinations over a large surface of the earth, to witness the *modus operandi* of emigrant agents in Europe; and having had ocular evidence of the management and results of the gatherings and concentration of large numbers of human beings on ship board, I may, perchance, from these circumstances, be permitted to offer a few remarks upon the several phenomena which I conceive to be the exciting and the proximate cause of "ship fever," in whatever form, shape or type it may present itself or be named.

The numerous arrivals, during the last two years, of vessels from European ports, laden with disease, pestilential human misery and filth, have naturally enough filled the philanthropic heart with pain, being at the same time the source of much concern to the citizens of the Atlantic "ports of entry," as well as a fruitful cause, among interested persons, for sounding the tocsin of alarm. These arrivals have been, indeed, a perfect windfall to newspaper paragraphists, furnishing them

with materials for tales of horror, and deprecatory remarks upon the whole "system" (!) of emigration, generally accompanied, however, with an apology for the humanity and experience of Capt. Glycypicross in particular, and a puff general for the splendid arrangements and accommodations of his good ship "Senectus"!

With many exceptions, the great mass of "steerage passengers" are composed of the poorest and worst fed of the various European peasantry, and worn out or hapless artizans of manufacturing districts, many of whom, by asking alms or stinting themselves of a portion of the pittance from their daily earnings, scarcely sufficient to purchase for them the coarsest food, are, at last, enabled to pay the amount demanded for a passage in the steerage to the "land of promise," America! and to purchase what they conceive to be a sufficient quantity of provision for the voyage—very cheap, and consequently very indifferent and of very doubtful quality. The German emigrant procures dried or smoked *sausage* meats, made and prepared—from what, Heaven and the manufacturer of them alone can tell; which with the other dried meats that water will not soften, nor any known *natural* function digest, sour bread, and similarly laid-in "luxuries," *par excellence*, make up their preparations for crossing the Atlantic. The Irish emigrant provides for his "inward man" a quantity of potatoes and a small *net* to boil them in (there being generally fifteen or twenty nets employed in the pot at the same time). The more affluent add to these some smoked herrings or dried cod-fish, and sometimes a ham! The English and Scotch arm themselves with oatmeal, ship-biscuit, and bacon.

The "runners" and ship agents having procured a cargo, or sufficient number of such-like wretched people, by placards offering fourteen to sixteen shillings per diem, which the credulity of their victims believes to be shillings sterling, and other outrageously-false promises, and the most specious exhibitions of the advantages to be attained by emigration to the United States, they are hurried on board the good ship "Dreadnaught," Capt. Tukemin, or are "shipped" on board the A No. 1 coppered and copper-fastened barque "Somerset," Capt. Carryall. The ship is hauled into the stream (middle of the river). The passengers! (Heaven save the mark) are huddled in a heap, like cattle on board of an Irish steamboat for a Liverpool market. A line is made fast across the vessel's "mid-ships," or near the mainmast, and the captain, mate or agent, proceeds to call the roll of each integral portion of the crowded mass of human beings, in order to ascertain who is on board, and if the passage money be paid, and to assign to the several portions of them, their berths—which often elicits the most amusing scenes.

In this manner are two or three hundred human beings passed down the "after hatch" to their berths between decks. These berths consist of bunks made from rough or second-hand boards, nailed temporarily together for the voyage only—each bunk being about six feet long, three feet wide, and three feet high. They extend the whole length of the deck in two tiers, one above the other, and facing this line are two corresponding tiers. Of course the opposite side of the vessel furnishes the same accommodations. Between these double rows or lines of berths,

beds, &c., are the avenues or passages to permit the passing from the fore to the after part of the deck, and *vice versa*, affording a space of about six to nine feet wide, and six feet, more or less, high. In these passages are numerous boxes, bags, and mysterious-looking vessels, which, with some, answer the diversified purposes of chamber, cooking and parlor utensils. Dangling inside the berths are objects which resemble ancient Indian relics, adorned with hieroglyphic carvings, which upon being closely inspected by the curious, are found to consist of what once had been tongues or hams, which with chains of sausage meat bob out of the berth, at every lurch of the ship to leeward. Some have their provisions locked up with their rags of clothing; and others, to secure their provision from the depredatory attacks of midnight marauders, secrete them (as I have known them to do) away between their bed-clothing, such as it is.

Five times out of ten, an emigrant ship, leaving port, does so with the *evening's* tide, either enveloped in a misty, damp atmosphere or in a mizzling rain. The passengers are kept penned on deck, exposed to these noxious atmospheric influences, whilst answering to their names; and if they are not "wet through," they are sufficiently moistened to render them not only uncomfortable, but wretched and miserable. In this plight, they are unable, even when they possess sufficient clothing, to exchange their damp or wet clothes for dry ones; and in this condition they hang and lie about the steerage, until all the passengers are passed down. When they get their *bedding* from the deck—referring, of course, to the very many who ship themselves at the last day previous to the ship's departure—their bedding all damp or wet, and in their own damp clothing, they "turn in" the best way they can. Prostrated, both mentally and physically, and their sufferings made still worse by the moanings of maternal solicitude, and the crying of children, combined with sea-sick wretchedness (and remember that this scene refers to as fine a ship as ever graced the bosom of the ocean) the wretched company pass the first night at sea. Each passenger is now in the full enjoyment of about seventy cubic feet of atmosphere, which, in accordance with the experiment made upon respiration by Sir Humphrey Davy, would be exhausted as a proper healthy medium of respiration in less than one hour. In addition to the absorption of the oxygen and elimination of carbonic acid gas from the lungs during respiration, as well as carbonic acid from the pores of the skin, we have a putrid evaporation from the damp filthy clothing; combine with these, the putrid exuvia of their unwashed flesh, for more than half of the passengers arrive at their port of destination in the same clothing in which they embarked, and which have not even for a single moment been removed from their bodies. Their limited quantity of drinking water, their spiced, salt and dried food, the numerous vermin covering their bodies, not only must, but they *do*, by their combined influences, produce the most direful effects upon the system, especially the whole digestive canal, producing such a revolution in its functions as almost to stop their action altogether. The first symptom presenting itself we find to be costiveness, or torpid action of the bowels, frequently from three to ten days passing without any

desire for defecation. The kidneys are similarly affected after a few days, micturition not being more frequent than once in twenty-four to thirty-six hours. By this sluggish action of the digestive functions, intesto-sulphuretted and carburetted gases are engendered, with ammoniacal exhalations from the skin; biliary re-action takes place, with a constant febrile excitement, cold damp skin and fæcal or stercoraceous odor of the breath, superinducing such action in the animal economy as to produce the germ or the proximate cause of disease itself, upon the salient points of the weakened citadel, which require but the slightest re-action for an exciting cause in the production of the milder types of ship fever and ship diarrhœas.

But we have other exciting causes of great and overwhelming potency, destructive to health and life, in which re-action does not take place; wherein the system, like a vessel, tremulous under the electric blast, slowly yields to the fatal shock, till at length with a heavy, sluggish plunge she disappears forever in the foaming surge. At meridian or at sunset, the ship's carpenter, if faithfully performing his duty, "sounds the pumps," and reports to the officer of the deck, three, five, or seven inches of water (as the case may be) in the well of the pump. In merchant vessels this is done, perchance, once per week, or after encountering a gale of wind. If the vessel make but little water, it is considered of no consequence so far as the safety of the vessel or damage likely to be done to the cargo extend. The captain may possibly once or twice, but most frequently not until the vessel arrives at her port of destination, order the "pump brakes" to be rigged and the "bilge water" pumped up—an unctuous, oily, black, thick, muddy water, the stench from which is intolerable, sometimes emitting simply gaseous odors, at other times so filthy is it that none but "night-men" employed to empty "sinks" could withstand its disgusting fetor. After pumping till the pumps have "sucked," i. e. drawn air, the brakes are unrigged, and there still remain some two or three inches of this execrable filth in the ship's bottom.

It will, in all probability, be asked, how are these gases and filthy waters and odors collected in the bottom of the vessel? The question is easily answered and explained. *All* vessels, to a certain extent, are subject to leakage, of course comparatively small, to the size and bulk of the craft—but large in its mischievous effects upon health and life. A portion of this water is absorbed from the carburetted muddy fluid existing in all docks in which ships are moored; the wood not only becomes saturated with it, but ever after presents a basis, upon the presence of the accidental material, for a new regeneration of this gas; and these *materiel* are constantly presenting all the essentials, not only for the production of this, but other gases equally noxious and inimical to health and life—such as sulphuretted hydrogen and carbonic acid gas. These gases are mostly produced from the decomposition and new combination of collections of those articles on board, either from breakage, leakage, or portions escaping from cargoes in bulk, such as bituminous coal or tar, pitch, turpentine, acids, alkalies, drugs, barilla, metals, wines, spirit, salt, &c. &c., which pass into the ship's bottom between the "casing"

and the "sheathing." In connection with, and adding to their power of decomposition, is the electro-galvanic action of the ship's copper sheathing, and the iron bolts, &c. in the wood work. Thus is hydrogen gas evolved, which combining with the carbon of the coal, will generate a large quantity of what miners term "fire damp." Other chemical decompositions produce their noxious influences. Add to these, the various and multitudinous spillings of food upon the enclosed and confined berth deck, the accidents of children and sea-sickness, the mouldering of provisions and clothing from dampness, the thick collected and encrusted matter on the berth deck, *all* putrefying and sending forth their vicious exhalations, with no outlets but the three (fore, main and after) "hatchways," and the wonder is, not how ships become sailing pest houses, but how so few are affected, and how so many ships *escape disease* altogether. As to identifying the various gases or atmospheres, or giving them name and place, it would almost amount to an impossibility. Sufficient, however, is it for my purpose to expose their nature and deleterious effects upon the health and the lives of the unfortunate creatures exposed to their influence.

If these phenomena, although daily demonstrated, do escape the unobservant or unprepared minds of seafaring men, while engaged in the (to them) more important object of studying the abstract meteorological phenomena of the clouds and the winds, upon the ship's course, it must strike the observant and philosophic mind that to these several combinations, in connection with the vitiation of the system and the deranged functions of the whole animal economy, we must look for the exciting causes of the several diseases under the vague nomenclature of "ship fever," "Asiatic cholera," &c. &c. Should a storm overtake the vessel, requiring the closing of the hatchways, these pent-up poisons immediately produce their effects upon the "battened down" living mass of human beings; and now, when the system requires most the *vis vitæ* to combat disease, the little they possess is utterly destroyed by want of nourishment, for in eight times out of ten the vessel "ships" so much water or spray as to put out the fire by which the steerage passengers cook their food. Or if the fire be not extinguished, their clothing is thoroughly wetted whilst attending to their *petite* culinary preparations, so that they are either compelled to descend "below" in this plight, or in the absence of the fire, they, to the best of their abilities and appetites, eat their food uncooked. (I am not aware that any one ever yet, under such circumstances, had the privilege of using the fire in the ship's caboose.) Disease now soon makes its appearance among the passengers, more particularly amongst the children and the aged, they quickly becoming exhausted. Application is then made to the captain to prescribe for the following symptoms:—pallid sunken countenance, with a dead glassy or a wild glaring expression of the eye; cold perspiration on the forehead, staggering gait, and tremulous limbs; intense headache; pulse small. Or we find a high febrile excitement, tremors of the muscles, sickness or nausea at the stomach, a weak but bounding pulse, generally intermittent about every third beat. The constant disinclination to go to stool at sea, produces a fixed habit of torpor of the bowels, which are, as it

were, almost hermetically sealed up. If these symptoms be not immediately combated, the fever and prostration are increased, re-action takes place upon the internal organs, and congestions and diarrhœas supervene, with chills, or the *debilitas febrilis* and colliquative sweaty exudations from the skin, with severe burning pains in the head and in the region of the eye-balls. In children and old people, these symptoms speedily terminate in convulsions or violent spasms, and death—the *post mortem* appearance presenting effects very similar to those resulting from malignant cholera.

Upon the first symptoms making their appearance, a dose of calomel and jalap and an injection of warm sea-water should be administered, to evacuate and cleanse the *prima viæ*, followed by a gentle diaphoretic. Whatever the urgency of the symptoms may be, and notwithstanding the apparent necessity in many cases of an antiphlogistic treatment, the highly important fact is never for an instant to be lost sight of, *that the system at all hazards must be supported.* We have the proofs that calomel and opium kills them, or rather that they *die* under its exhibition. No worse results could possibly take place—to use a sailor's parlance—if the patient were treated on the other "tack." After the bowels have been cleared of their vitiated contents, wine sangaree, diluted brandy, beer or porter possets, may be given, with oatmeal or any other nourishing gruel; and in addition, by all means the great *desideratum*, a pure atmosphere. When diarrhœa has complicated itself with the feverish excitement, or prostration, as the case may be, one or two doses, at most, of castor oil should be administered; after which, port wine sangaree spiced—beer posset well diluted and moderately spiced, with small but repeated doses of the tincture of catechu in weak gruel. A most important auxiliary to these treatments is a sea-water bath, natural temperature, after which, friction with sail canvass upon the skin. With these indications, cleanliness, and proper sanitary measures, the arrest of the disease will be speedily effected.

There can be little doubt that the proximate causes of ship diseases are the same phenomena as superinduce Asiatic cholera, typhus fever, &c. &c., viz.—the non-electric and carbonized state of the blood, caused by the inhalations of an atmosphere inimical to life—which state, if the vitality of the blood be not destroyed beyond the power of a re-action of its stimulating properties, a removal from the spot, *i. e.* the steerage, almost certainly cures. Hence we find few—if *any*?—of the cabin passengers, with a purer atmosphere, *stern windows* or "ports," bull's-eye port holes to their berths, admitting the fresh sea breeze into their clean *state rooms*, airing and refreshing their bedding, with a fine large sky-light to permit the egress of foul air, and admitting the sun's rays—an important item not to be lost sight of—to act upon and stimulate the pores of the skin, and with good diet, wines, porter, &c. &c. are similarly affected. To these, and the large square gun ports, and the sanitary discipline adopted, are the crews of ships of war, consisting of 900 or 1000 men, indebted for their immunity from disease and infection. How is it that ships, sailing *eastward*, *never* carry into European ports "ship fever" or "Asiatic cholera"? Because the few beings forming the crews and offi-

cers have ample space, atmosphere, and good provisions; and they are exposed on deck every other four hours, with proper clothing; and if sickness overtake them from the gases of the bilge water, inhaled when their "watch" is below, it is of that mild type that readily yields to simple treatment. It generally happens with the unfortunate steerage passengers—who, broken-spirited by abject poverty and gaunt want, humbled into the very dust by ignorance and an instinctive sense of their own degradation—that they are *fearful* of applying upon the *first* appearance of the symptoms which I have shown to exist, lest they receive a rebuff, or from a more amiable *trait* in their character, that of giving unnecessary trouble—hoping that the symptoms will disappear, from their being merely temporary. Thus we find suddenly some morning, that the captain is called upon to exercise his medical skill* on a sick passenger. The captain knows that opium is good for relieving pain, for he has heard so; and that calomel is excellent for a sick stomach, for he has taken it himself for its cure, and the pamphlet in the medicine chest recommends it; so he combines the two, and gives them to the patient. After a few hours, he finds the patient more feverish, more restless, with more headache, and vomiting and purging. He repeats the dose, and the next messenger informs him that the patient is in a state of collapse, and dying. "Here's a misfortune!" exclaims the captain: "We shall be put into quarantine, and be detained, God knows how long! We've got the cholera on board." Echo, with a hundred tongues, repeats, "We've got the cholera on board." Fortunately, as the newspaper paragraphist has it, the captain was a man of much "experience"! being one of our oldest "salts," he having crossed the Atlantic 120 times—his medical library no doubt consisting of the said pamphlet in the medicine chest, and a newspaper wrapper stating Townsend's wonderful cures with his sarsaparilla; his field of observation and experience, generally a healthy crew and comfortable cabin passengers on the wilderness of the waters, within the field of his telescope. Another passenger sickens, with similar symptoms and violent spasms. Nothing is so good for the cholera as calomel and opium; the doses are repeated, and the patient dies. Another case—and another—and another; and "the cry is still they come." Calomel and opium are still administered, and "the last scene of this strange, eventful history" is the yawning wave upon each to-morrow, receiving its victim to "experience"!

The question presenting itself, is, how is this to be prevented? I answer, by philanthropists taking the matter in hand, and constructing emigrant vessels especially for the accommodation, comfort and health of the emigrant—so constructed that a free ventilation can at all times be secured throughout all parts of the vessel—*especially the berth deck*, or, as it is termed, the steerage; by the introduction of several port holes,

* One of our most respectable sea captains and highly educated gentlemen, lately sailing from this port, Capt. F. A. DePeyster, formerly of the packet ship Columbus, but now Superintendent of that excellent Institution, "The Sailor's Snug Harbor," says in a letter to Dr. Wheeler, oculist, of this city, "Your Balsam of Moscatelle (the Moscatel wine spiced)—I feel great pleasure in testifying to its great efficacy, it having afforded immediate relief, not only to the Count D'-Otranto and myself, but also to several of my crew, who were violently attacked with the diarrhœa and spasmodic cholera." In all probability, had Capt. DePeyster administered calomel and opium instead of tonics, his ship would have arrived with the cholera or ship fever on board.

with bow and stern ports—"hammock nettings," if not for the stowage of beds, at least the *bed clothing*—the berths *fixed* and trellised, so that a free passage of air can be transmitted throughout the whole, and facilities secured for washing the decks beneath the berths. It is true that we have funnels and tubes in some of our magnificent packets! so constructed as to cause a draught of air to pass between the casing and the sheathing. To the emigrant ship these funnels and tubes should be added, with *bilge pumps*, both for pumping clean water into the bottom of the vessel, and pumping out the *last drop* of the foul water—for with a contaminating sink-pool left, it would be the same as a house, without ventilation, built on a filthy ditch, and tenanted by two or three hundred poor, badly fed, impoverished human beings.

These are but a few of the suggestions, without entering into the detail, of *what might be* done, for these unfortunate immigrants. It is not our province to speculate upon their earthly tribulations, but we can raise our voice against every worn-out ship or cast-off packet being brought to this "base purpose at last"—hoping that we thereby may prevent the periodical hue and cry of ignorance and interest, that "the cholera has arrived!"

New York, March 1, 1849.

CEREBRO-SPINAL MENINGITIS.

To the Editor of the Boston Medical and Surgical Journal.

My Dear Sir,—Whilst looking over the Journal of April 11th, I noticed an account of some cases of cerebro-spinal meningitis, by A. Stone, M.D., of Auburn, Mass. This account reminded me of some curious cases, occurring between the 25th of December, 1847, and the middle of January, 1848, in which the same diagnosis was made. This and the expression of Dr. S., "that we should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease," lead me to the following sketch from my note-book, which I had intended sending you at the time the cases occurred. You are of course aware that the spring and fall malarial diseases of our latitude, call often for the liberal use of quinine; and I may mention, that in many obscure cases, the administration of the remedy will serve as a touch-stone, define the disease, and prove highly beneficial.

The cases of which I speak, were three in number, and confined to colored servants. Before being called to the cases, I had heard of sudden deaths from perfectly inexplicable causes.

Two of the cases, which were my own, occurred in colored boys, between 14 and 18 years of age, and the disease in both commenced with slight chill and bilious vomiting. Unconsciousness with convulsions soon supervened, and the head was strongly thrown backwards, with great tenseness and rigidity of the posterior cervical muscles. In one case, and whilst transferring him from bed to a warm bath, the convulsions were extremely violent, and the tendency to opisthotonos could not be restrained

by several powerful attendants. The bowels were very costive, and the unconsciousness in one case, in spite of the most energetic treatment, lasted for three days, the head being thrown far back and rigidly retained in that position. The pulse at the wrist was small, the heart's action rapid and feeble, extremities cold and clammy, and when answers could be obtained, great pain complained of at the scrobiculus cordis and nuchæ.

At the moment of seeing the first case, which was a very powerful boy of 18, thus attacked whilst in perfect health, hot baths were prescribed, venesection liberally used, and calomel in full doses. The convulsions ceased for a time under this treatment, though the neck remained rigidly fixed; and as there was apparent periodicity in their returns, I resolved to administer large doses of quinine, in which resolution I was confirmed by my friend Dr. Wotherspoon, U. S. A., who was accustomed to congestive malarial diseases. The constipation was extremely obstinate, unyielding to enemata, soap suppositories, and even the long rectum tube of O'Bierne. Iced bladders were applied to the head, and blisters, from the nuchæ to the sacrum, replaced frictions with the hot spirits of turpentine and sinapisms. In spite of the energetic treatment, the convulsions returned with periodicity, and the head seemed to be thrown still further back at each access. The quinine was therefore solely relied upon; and in the case of the elder boy, I administered one hundred grains of the sulphate, with a goodly quantum of capsicum, in twelve hours; whilst in the same period the younger took eighty grains. When under the free action of the quinine, as indicated by the clammy condition of skin, which it produces in full doses, the circulation became freer and fuller, and the rigidity of the neck yielded. It was requisite to revert to the quinine again on the 2d and 3d mornings, as there was every indication of a return of the alarming symptoms; the quantity required was, however, not more than a dose of fifteen grains on each occasion. In both cases the rigidity of the neck was not perfectly relieved for several days, and the recovery was slow and doubtful.

A third case, which I saw with a friend, the week afterwards, improved rapidly, almost marvellously, under scruple doses of quinine. The termination of this case was, however, fatal, but rather, as we were led to believe, from the improper use of opiates by his negro nurse.

Several cases were said to have occurred during the same month, and were fatal; in fact, two cases were reported to me as having died in the first access.

About the same time, I saw with Dr. Penn, of Bladensburg, Maryland, and Prof. May, a man with idiopathic tetanus, in whom there was a great similarity of symptoms. The paroxysms which affected all the muscles were more frequent and tetanic in character, and consciousness was preserved. From many points of resemblance I urged the free use of quinine as in my cases, but the condition of the stomach was such, that no internal remedy was of avail—there was constant ejection of matter almost like that of vomito. Letheon alone was available, and succeeded in arresting the paroxysms from half to an hour and a half. This, like the morphine, already used in immense doses, failed, and Dr. May informed me that he died after a protracted struggle.

A few weeks after this, Dr. Wotherspoon brought me from the Surgeon General's office, U. S. A., an extract from the report of a Surgeon stationed at a western post, who had seen an unusual number of congestive cases at the same period :—" These followed generally an attack of intermittent, when the previous symptoms could be learned from the patient; but too often they were brought into the hospital in a state of insensibility, or convulsions, from which they often never roused. And a very peculiar symptom attended most of these cases—a stiffness of the neck, which caused the head to be thrown back, and the convulsions were of a decidedly tetanic character, with a sickening personal odor, almost intolerable. In all cases, where these symptoms existed, the attack proved fatal. Mortality, nine out of eleven. Treatment—depletion and opium. Bleeding was inadmissible, as generally the patient became at once so prostrated, that the pulse was scarcely to be felt."

I was unable to find whether quinine had been used in these cases. It is well understood in our region, however, that it is the only remedy in malarial congestive diseases, and must be used at once and decisively.

I would refer to the recent work of Tardieu, Pathologie Medicale, Paris, 1848, article " Fievre Intermittente pernicieuse." He describes almost the same symptoms, and denominates the disease as the meningic or tetanic form of the fever. The treatment is quinine and in large doses.

During the last winter, influenza was epidemic ; and at the suggestion of some army friends I was induced to use the same remedy freely. The administration of fifteen grains at the onset, would relieve, in a single night, the coryza, headache, and unpleasant febrile condition. The peculiarity in the treatment was, that if not given on the first appearance of the influenza, the remedy was of much less avail.

I would also refer to the various papers from army surgeons in regard to the benefits derived from the free use of quinine in congestive diseases.

Truly Yours,

Washington, D. C., May 1st, 1849. Rob't King Stone.

AMERICAN MEDICAL ASSOCIATION.

[Communicated for the Boston Medical and Surgical Journal.]

This body assembled in Boston, Tuesday, May 1st, and closed its session on Friday evening following. It was composed of delegates from all parts of the Union. They came from far and near, and in numbers to represent character, manners, intellect and culture. The far South, and the remoter West—the East and the North—came here on solemn pilgrimage, in behalf of good science, and in fair union and open discussion to report in numbers and individually the progress of the profession the year past, and to do what might best be done to promote its future prosperity. And why this ? Not for itself alone, nor chiefly, nor for personal interest, or professional fame, did this great body assemble here, may we not say from distant lands, to consider and make known its important objects and plans. There were elements in the life of this

body, and which gave to it its truest and highest vitality, which were every hour recognized, and which every day declared. These were the public relations of medicine—its connections with society, and the individual, and in what way its duties, proceeding from these relations, could be best accomplished.

For these ends committees, composed of the ablest men in the profession, from various portions of the country, in working numbers, and which might best represent the whole, made elaborate reports on what had been done during the past year in medicine, and on measures which would best promote its widest interests. These reports were read publicly by the chairmen of the several committees, and were referred to the committee of publication to be printed in the forth-coming volume of the Association's Transactions. These reports are of great value. They relate to medical literature, to science, and to practice, and in manner are so comprehensive, and still in such detail, as to give important information, and so form a most useful summary of what the medical press has done for the past year. All this being in immediate connection with what has been done in preceding years, presents to each member of the Association a work of great value for reference, and a critical notice of the worth of what has been published during its existence.

The report on Education excited much interest. It was a masterly exhibition of the claims of medicine on the whole mind and heart of the student, what medicine is, and how he who means to practise it may have preparation, the best preparation, for what it demands. It dwelt upon the time which such a profession imperatively requires, in view of its whole responsibleness, and demanded that the time of study should be sufficient for the highest culture. A question of great interest was the length of time, especially of lecture terms, which would best secure such culture. The public interest in this question stood out in bold relief. To add two months to the present lecture terms of four, making in short the time half a year for a course of lectures, was at once to add greatly to the professor's labors, without any proposed additional emolument. It was also greatly to increase the time of the student's public work. But you saw in the discussion that these considerations had no undue weight. They deserved thought, indeed, and were carefully treated. But the great matter of deliberation was as to the practical workings of the addition to the lecture term. It was quite curious here to observe how different had been these workings in different regions. In the South and West, where the trial has been made, it would not seem that the success had been great. In the North and East the experiment has not been made. There was some reasoning offered as to what the workings might be. It was based on what actually occurs now in the operation of the four months, or seventeen weeks' system. It is this. The classes begin to separate before the term closes, so that at the end of the seventeen weeks there is an obvious diminution of numbers, or attendance, or of both. It was observed that at the West and South, where the term has been lengthened, the same thing the more strikingly occurs, so that it is rather a formal than a real increase of time, those mainly remaining who are candidates

for degrees, and who remain because of the inconvenience and expense of going home and returning for examination. There may seem to be an argument for lengthening the term, even if many leave before it end. The candidates for degrees would pretty certainly be gainers, and it possibly might be that four if not five out of the six months of study would be appropriated by the whole class, and so upon the whole an important addition would be made to the means of instruction.

We have spoken of the workings of the lengthened term South and West, and the reasoning concerning its probable operation East and North. The defence of the change came from one of the Middle States. These are the great centres of medical teaching. The schools are very numerous, the faculties full and highly respectable, and the classes very large. Everything would seem to favor the trial of the proposed change in the lecture term in these large medical educational communities, and the result of such trial might have an important influence on the general medical instruction. From the animated discussion, and from the final disposition of the subject, it cannot be doubted that a fair experiment will be made, and it is believed that the whole result will be felt by the whole profession. None who attended at all to the discussion could have left it with any other feelings than those of sincere pleasure at the intellectual power called forth, and the excellent spirit in which very opposite views were presented. It was obvious that the highest interest of the profession, namely, the public relations of the plan proposed, gave heart and life to all that was said, and to what was proposed and adopted. The further consideration of the changes proposed will form important matter for future meetings of the Association. Its former recommendation of the lengthened terms remains for the action of medical schools.

In the course of the discussion allusion was made to a paper communicated by Prof. John Ware, of Harvard University, to the committee on education, agreeably to a request made by the committee to the medical faculty of that University, on the subject of extending lecture terms, and which contained the opinions of the faculty on that point, which paper had been ordered to be appended to the report on education. Dr. Wood, of Philadelphia, called up a resolution which he had before offered on the subject of Dr. Ware's paper. It was as follows:

"Whereas a document prepared by the Medical Faculty of Harvard University, and appended to the report of the committee on medical education, contains an elaborate defence of the limitation of the courses of medical instruction in the schools to four months; and whereas this document has been referred, along with the report of the committee on medical education, to the publishing committee, and, if it be not mistaken by the public as a representation of the views of this Association, may at least have the effect of contradicting those views, unless they are properly supported, therefore

"*Resolved*, That a committee be appointed to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months, and that the statement thus prepared be printed in the forthcoming volume of the Transactions of the Association.

After a brief discussion, the resolution was adopted, and Drs. Wood, Jackson and Atlee, all of Pennsylvania, were appointed as the committee."

It has been thought that this resolution, as it is to appear in the Transactions of the Association, will bear upon it the endorsement of the Association. It is obvious that it will do this no more than will Dr. Ware's paper, which we have seen has been appended to the report on education. They simply state the opinions of members of medical faculties in Pennsylvania and Massachusetts, and for which the Association is in no sense responsible.

The Association held its meetings on Tuesday and Wednesday at the Lowell Institute, by invitation of the Trustees of that noble and munificent endowment. Was it not a grateful recognition of the importance of the object, and of the claims of the Association to enlightened regard, that the doors of this Institute should have been so freely and so liberally opened to its sessions? Was it not a re-union of science and of objects, in which the spirit and the act of the author of the Institute had laid its permanent foundations, which now had life and power, and for which he will be held in honored and everlasting memory?

The House of Representatives which was in session rose on Tuesday, and gave its Hall to the Association for the two last days of its session. It was fitting that a meeting of such men for such purposes should have such an expression of the public regard and confidence, and that the place for discussing and determining the most important questions of public policy, should receive into its walls the conservators of the public health.

On Thursday evening the Association was received by Dr. Hayward, and by Dr. Homans. Besides these reunions, the Association was received by our distinguished fellow citizen, Hon. Abbott Lawrence, on Thursday evening, the same with the above, an act of hospitality as unexpected as it was generous and gratifying. In a vote of thanks at the close of the session, in which were comprehended the various sources of gratification and interest which had been so freely opened to the Association, the visit to the University had distinct place. The hospitality, the ancient and present hospitality of old Harvard, was extended to the Association after a manner which exited its special remembrance. They felt deeply grateful that they had stood at its open doors and been welcomed to its treasures of science and good learning. Their visit to its halls connected their mission here with what is alike venerable for its age, and important for its daily and ever present agencies; and drew the links of that chain, the *commune vinculum*, closer, by which all true science binds as in one, all those who are sincerely devoted to it, and to its highest interests.

A word for the "Revere House." The session there was wholly successful, "and no mistake." Here the delegates came together, and in entire freedom passed the hours. The "orders of the day" were not taken from the table. "The rules" were all suspended. The speaker's "hammer" fell not when the "ten minutes" were up. There were no calls to "order," for disorder had no place at this session. Men

spoke as they were moved. Not by inward movement either did they speak, but by the stronger word of the "master of the feast." There was not a chair on the floor, but how universal the good cheer. There was indeed a forum, a modest little ottoman, upon which those were to stand, not sit, who might speak to the great auditory. And speak they did. His Honor, J. P. Bigelow, Mayor of Boston, in a very appropriate speech, gave the welcome of the city to the delegates of the Association. The courtesy of the hour next called upon those who had come the farthest to the great business of the Association. We had the eloquence of the South full and earnest, pouring itself generously forth in grateful sense of the good time that had come, and was so fast flying away, and in assurances of long and grateful memory. The far West took the platform, and spoke its firm and eloquent word. The Middle States were fully represented there. Gallantry was not left out of the evening; and one said that at last he had learned the true power of the North. It was in the women. Yes, said he, in the women. A number of us, he continued, got into an omnibus, and in that omnibus he had learned New England's power. He and others were strangers. They had come from more than a thousand miles off. As they were driven along, they asked of places, houses, &c. A lady, she was a lady, said he, saw that we were strangers, and were inquisitive ones, too, and at once began to tell us all we most wanted to know, and after a manner so intelligible, so lady-like, so truly grateful, that we at once saw the whole secret of New England power. "It is, Mr. Chairman, it is, in the women."

Do not say that such recitals are beneath the dignity of Science. The most dignified of all the sciences is humanity, and its expression cannot but be ever honored. The anecdote gives occasion for a remark, which shall end this "lame and impotent conclusion" concerning one of the most important, if not the most important, meetings ever held in our city. The remark is this, that this Association had its great interest, and will have its true influence, in its *moral power*. Men of large cultivation, the first men of a liberal profession, numbering hundreds, coming from all parts of a great Continent, showed how widely spread are the means of excellent intellectual and moral development. They showed how worthy of our reverence was a nation, so simple in the machinery of its government, and so noiseless in its movements, that you hardly know that you are governed at all, and which without an effort almost, provides daily culture, wherever is a society capable of cultivation. Above all, the meeting showed how harmonious are the movements of the many who are associated for important purposes, in whom courtesy and wisdom have true place, and in whose action the present and the personal divide impartially every interest with the coming time. W. C.

May 10*th*, 1849.

The following extract from the card of the committee of arrangements will show just how the time of the Association might be appropriated in the recess of its sessions.

"The Association will assemble at 10 o'clock, on Tuesday morning, May 1st.

"On the evening of Tuesday, at 8½ o'clock, the members will be received at the house of Dr. Warren, No. 2 Park street, and of Dr. Bigelow, Summer street, opposite Trinity Church.

"On the evening of Wednesday, a collation will be given at the Revere House, Bowdoin square, by the physicians of Massachusetts. Gentlemen will receive a card of admission to this collation, with their card of membership, which they will please show at the door. They will enter at the side door on Bulfinch street.

"On Thursday evening, at 8½ o'clock, the members will be received at the houses of Dr. Hayward, 16 Pemberton square, and of Dr. Homans, Tremont, corner of Winter street.

"The card of membership will entitle gentlemen to admission to various public and private institutions, as expressed on the card. The following directions will aid them in finding such of them as they may desire to visit. The Massachusetts Medical College, which contains the Warren Museum, is in North Grove street. The Hospital is near it, at the corner of Blossom and Allen streets; entrance on Blossom street. The Eye and Ear Infirmary is in Bowdoin square, nearly opposite the Revere House. The building of the Natural History Society is in Mason street, which runs from West street, parallel to Tremont street, near the Common. The Museum of the Society for Medical Improvement is at No. 33 Tremont Row. The rooms of the Historical Society are in the building of the Savings Bank, on the northerly side of Tremont street. The Boston Museum adjoins the Savings Bank. Faneuil Hall fronts on Merchants' Row, which may be entered from State street. The Latin and High Schools are in Bedford street, near Washington. The other public schools are distributed in various parts of the city. During school hours members can obtain admission by presenting their card to any of the teachers. Harvard University stands about three miles from the city, in Cambridge. It may be visited on Wednesday, from 9 o'clock, A. M., to 1, P. M. At the Library, gentlemen may obtain directions for finding the various objects of interest connected with the institution. Mount Auburn Cemetery is about a mile beyond the University. The Cambridge omnibuses start every ten minutes, from Brattle street, passing through Court street and Bowdoin square. The McLean Asylum for the Insane is in Somerville. The State Prison, Bunker Hill Monument, and the Navy Yard, are in Charlestown. Omnibuses run several times in the hour from Brattle street. The institutions for the city poor—the Lunatic Asylum, and the Asylum for the Blind, are in South Boston. Omnibuses run several times an hour from Cornhill. Hacks and cabs may be found in all parts of the city. Public carriages are distinguished by numbers, and each driver has this number on his cap. The regular fare is 25 cents for any distance within the city, and one dollar by the hour. For all expeditions out of the city, a regular agreement should be made in advance. In the Merchants' Exchange, on the South side of State street, gentlemen will find the latest papers from all parts of the Union. The Post Office is in the basement of the same building."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 16, 1849.

Boston Medical Association.—On Monday, of last week, was held the annual meeting of the associated physicians of the city, for the purpose of choosing a Standing Committee, Secretary, &c. Rumor says there was a manifestation of the fact that there are two sides to every question. It so happens that a little of the leaven of discord occasionally shows itself in places where it should be excluded. A new set of men are rapidly advancing upon the medical stage, who are restless under the old system of discipline which has prevailed for a quarter of a century. Not having been present at the meeting, it is not possible to particularize, but it has been intimated that an unusual degree of warmth characterized the occasion. Dr. Buck presided. The names of officers would have been given in full, had they been furnished. Dr. Blake was elected Secretary.

Hartford County (Conn.) Medical Society.—The annual meeting occurred on the 19th of April, at Hartford—Dr. A. Welch in the chair.

Dr. Wm. S. Pierson read a memoir of the late Elijah F. Reed, M.D., of South Windsor, and Dr. S. G. Risley a dissertation on the subject of drowning.

Interesting remarks were made, and important facts stated by many of the members present, showing that *smallpox* and *varioloid* are every year becoming more prevalent among us, and that this is owing, not to the *failure* of the *vaccine disease*, when genuine, to afford protection, but to its entire neglect in many instances; and to the fact that vaccination is often performed by parents and others, ignorant of its true character, imperfectly; not unfrequently making use of spurious and impure matter, taken from the arms of persons who have been *re*-vaccinated, or from others at an improper stage of the disease. It is true that matter obtained in this way, will, if inserted in the arm, cause a *sore*, and oftentimes a bad one, but one that affords only very inadequate if any security against smallpox. It was regarded as the duty of the medical faculty to give information on this important subject, and to caution people against trusting to ignorant and irresponsible persons, to vaccinate either themselves or their families.

Drs. G. A. Moody and G. Lee were appointed dissertators for the next meeting. Drs. E. K. Hunt, A. L. Spalding, Eli Hall, Thomas Miner and Seth L. Child were chosen Fellows.

Medico-Chirurgical College of Philadelphia.—In February last, the constitution and by-laws of an institution with this name, was adopted—and with this notice, we acknowledge a copy of the doings of the College, together with a catalogue of the officers and members. The objects set forth in the constitution, are the dissemination of medical knowledge—the defence of the rights, and the preservation of the repute and dignity of the medical profession. From all we can gather in regard to this infantile organization, it contains the germ of a great and influential institution. Its members must necessarily be men whose position, as doctors of medicine,

gives them a claim to consideration. In short, the elements of thrift are perceptible in the scheme of operations; and if the intentions of the founders are fully carried out, the highest expectations of its friends will be realized. James Bryan, M.D., is president.

Trismus Nascentium.—A pamphlet containing further observations on this disease, with cases illustrating its etiology and treatment, by J. M. Sims, M.D., is acknowledged. It is a re-print from the American Journal of July, of last season; but it is nevertheless an acceptable memorandum of the results of Dr. Sims's careful investigations. He has few or no superiors in the closeness and accuracy with which he pursues a train of investigations. There is a knot of very energetic medical inquirers at Montgomery, in far-off Alabama, who have exhibited, on repeated occasions, an ability and a persevering determination to enrich the medical literature of the country. It will be inexcusable in them to relax in their efforts, since their reputation is fully established as accomplished, learned writers.

Dr. Gardette's Valedictory.—This is one of those excellent farewell discourses, now so common at the close of lecture terms at the medical colleges. They are none the less valuable or instructive because it has become fashionable to give them. On the occasion of graduating a body of young men, who are to wend their way into the stranger world, to take upon themselves new and untried responsibilities, it is an encouraging attention on the part of their instructers to give them parting advice and wholesome admonitions. The author quotes Cicero's advice in regard to an oration—which he thought should be commenced in the middle, and worked out towards both ends. He has beautifully accomplished the intention of interesting and benefiting those whom he addressed. At the Baltimore Dental College, from which this valedictory comes, some very excellent things have been said of late. The following is a specimen of Dr. G.'s style of addressing the graduates:—"Heaven, in dividing its gifts of good and evil on earth, has allotted, it would seem, an undue share of suffering to women, from those delicate organs of which you will have the care. Her teeth-afflictions, and her gratitude for relief from them, make her especially your friend; in her bright smiles and warm words of praise, you will find compensation for the indifference or injustice of men."

Obstetric Air Tractor.—A new instrument, upon the principle of the foot of some of the small animals, seems to be in a fair way of being generally used in difficult labors. A disc is applied to the head of the child, which holds on by exhausting the air with a piston, and thus the operator can draw with all the force necessary, in most cases, to bring the birth to completion. There is no imagining where the progress of invention, with reference to relieving humanity from contingencies to which it is incident, will terminate. Professor J. Y. Simpson, of Edinburgh, is the reviver, if not the inventor, of this instrument. He is a master spirit in our day, whose name is destined to be classed in the catalogue of illustrious benefactors of man, in the yet to be written history of this century.

Medical Miscellany.—Another bequest of $5000, for the purchase of free beds, has been made to the Mass. General Hospital.—At St. Charles, Ill., Dr. Richards and his students were mobbed—accused of stealing a dead body. He was wounded badly in the face by a stone, and apprehensions for his recovery are expressed.—Excessive acquisitiveness is a disease now influencing whole multitudes who are on their way to California. To such excess has it been manifested in two persons, that they have been placed in the Lunatic Asylum at Philadelphia.—A single kernel of the *cubera tanghin*, a tree growing in Madagascar, eastern coast of Africa, containing less than a cubic inch of substance, is sufficiently poisonous to destroy twenty men. It is probably the fruit of the saucy-bark tree, used by the natives to detect witches.—In Monroe county, N. Y., during the year 1848, there were 633 births, 418 marriages, and 466 deaths.—There is to be a meeting of the American Institute of Homœopathy at Philadelphia, on the second Wednesday of June. Dr. Joslin is to deliver the opening address.—The smallpox was raging, at the last accounts, at Hong Kong, China.—The U. S. Sloop of War Preble had sailed for home, but was obliged to put back on account of the cholera breaking out among the crew. —M. Hommaire de Hell, an eminent French naturalist, lately died at Ispahan, while on a scientific mission in Persia, under the direction of the French government. He was scarcely 35 years of age.—On account of the prevailing sickness and mortality throughout the Sandwich Islands, the king, in council, was pleased to appoint Wednesday, Dec. 6th, as a day of fasting. Both the foreignand native population are suffering under wide-spread epidemics—measles, hooping cough and influenza. Among natives the mortality is very great, not only at Oahu, but also on the other islands.—A new medical journal is about to be published at Lexington, Ky. It will be edited by Prof. E. L. Dudley, and be conducted under the general supervision and direction of the Medical Faculty of Transylvania University.—Dr. F. C. Stewart, of New York, was recently appointed Physician to the Marine Hospital, and Drs. John W. Sterling, John S. Vandevoort, Wm. P. Buel, and J. S. Telchamp, as Assistant Physicians. The Physician has a salary of $5000 or $6000; and the Assistants $1200 each per annum. The duties of the Health Officer are hereafter to be restricted entirely to the business of boarding and examining vessels as they arrive in port.

To Correspondents.—Dr. Jewett on Cerebro-spinal Meningitis, Dr. Skinner on Domestic Medicines, Dr. Morton on the Construction of Gold Plates in Dentistry, Dr. Williams's Lecture on Cholera, Cato's "Sketches" No. V., and Mr. Manning's Report of a Trial for Malpractice, have been received.

Married,—In Boston, John A. Stevens, M.D., to Miss E. W. M'Alister.—At Washington, D. C., Robert K. Stone, M.D., to Miss M. F. Ritchie.

Died,—At Forestville, N. Y., Dr. J. Orton, by suicide. He took, says the paper, "three ounces of aqua fortis."—At Syracuse, N. Y., quite suddenly, of erysipelas of the head, Dr. Roberts, a highly promising physician.

Report of Deaths in Boston—for the week ending May 12th, 78.—Males, 45—females, 33.—Of consumption, 5—measles, 2—infantile, 1—scarlet fever, 3—typhus fever, 2—lung fever, 2—marasmus, 1—erysipelas, 1—teething, 1—disease of the heart, 2—disease of the brain, 1—disease of the bowels, 1—disease of the lungs, 1—drowned, 2—dysentery, 2—croup, 1—accidental, 1—old age, 4—pleurisy, 1—smallpox, 1—scrofula, 1—cholera infantum, 1—hives, 1—hooping cough, 1—quincy, 1—tumor, 1—debility, 1—convulsions, 2—intemperance, 1—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 11—over 60 years, 7.

Large Biliary Concretion.—Mr. W. H. Partridge gives the following particulars:—"An old gentleman, aged 78, tall and thin, and of good general health, was attacked by jaundice and frequent vomiting, and had severe fixed pain in the region of the gall-bladder. The attack lasted three weeks, after which some amendment took place, and ultimately bile was passed by the bowels. Two months afterwards, obstinate and insuperable constipation came on, accompanied by vomiting of stercoraceous matter, followed in a few days by exhaustion and death.

"On making a post-mortem examination, all the parts in the neighborhood of the gall-bladder, the pyloric end of the stomach, duodenum, pancreas, and colon, were closely and firmly adherent to each other, and to the concave surface of the liver. No trace of a gall-bladder could be discovered. A large biliary concretion was found in the lower part of the ileum, a little above the cæcal valve, and though but loosely embraced by the gut, was manifestly sufficient to account for the fatal obstruction. In figure it was somewhat pyriform, exactly resembling the gall-bladder, having also a curved tapering process, corresponding to the cystic duct; in length it measured three inches and a half; in the circumference of its large portion, four inches. The texture was light; weight, seven drachms and one scruple."—*Provincial Journal.*

Mesmerism in Holland.—The supreme court of the Netherlands has just given a verdict which runs pretty nearly as follows:—"A magnetiser who employs a person, who, during sleep, points out remedies to the patients who come for advice, exercises medicine illegally, when unprovided with a diploma." "It is no excuse for him to be paying for a license as a magnetiser." The courts of Liege and Brussels have done more still; they have found a verdict against a magnetiser for administering magnetised water.—*Belgique Judiciaire.*

The Cholera in France.—At Raches, a village situated near Douai, the cholera is making sad havoc. Up to the 15th of February, there had been 27 cases and 9 deaths in this little place. Letters from St. Lo, of the 19th of February, state that the disease has been reigning for the last six weeks at Dieppe; from the city it is now spreading into the suburbs. A mother who was nursing a child stricken with the cholera, died of the disease soon afterwards.—*London Lancet.*

Introduction of Steam into the Practice of Dentistry.—A friend called in our office a few days since, and gave us the following:—On his way up the river, business took him across the river from Louisville, where he met an itinerating steam dentist. He was prepared with a small furnace and boiler. To the latter a flexible pipe was attached, which, when a patient presented himself with an aching tooth, or wished a nerve removed, was introduced into the cavity of the tooth; some *roots* or *herbs*, in flavor like garlic, were put into the boiler with water or some fluid. The furnace was then heated up—puff, puff, goes the steam, and with a hiss out jumps the nerve—all done without pain—rights sold for the use of the invention on moderate terms, &c. &c. Our informant happened to have an aching tooth, which he put under treatment; but, unfortunately for the steam doctor, the nerve had long since departed, and the garlic vapor could not restore it nor relieve the pain. Somewhat mortified, and feeling rather foolish, he *sloped.*—*Dental Register of the West.*

THE

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DOMESTIC MEDICINES.

[Communicated for the Boston Medical and Surgical Journal.]

The careful consideration of the public is requested to the following exposition of facts, in connection with the sale of medicine as the business is now carried on throughout the country. That gross and injurious fraud and deception are constantly practised upon the community by the various nostrum venders of the day, is plainly visible on the face of their own publications, which are thrown, broad cast, into every family, containing the most inconsistent and extravagant statements and recommendations that the ingenuity of man can possibly devise. Each one claims the discovery of some new and wonder-working composition, derived from the vegetable kingdom; possessing the strange property of curing all and every kind of disease, of whatever organ, or from whatever cause excited. For illustration, by one class we are told that all diseases arise from impurity of the blood, and that their pills are the only article in the world possessing the power of purifying that vital fluid; of course they are the only safe remedy for all possible kinds and forms of disease. A moment's reflection will satisfy any attentive mind, that the doctrine here advanced is utterly false. Instead of impurity of the blood being the cause of all diseases, it can never be the cause, but is always the consequence of disease, either functional or organic, affecting some one or more of the various organs concerned in secreting or circulating that important fluid; for while all such organs maintain perfectly healthy action, the blood can no more become impure, than a good and perfect distillery, operating on the proper material, could fail to produce a good article of any of the various oils procured by distillation. The doctrine, then, which is here taught, and which forms the basis on which such pills are palmed off upon the public, is utterly and entirely false. The community are taught to believe an error in principle, which leads to error and consequently injury in practice.

By another class we are told that their plasters are rare compounds, possessing the singular property of acting as a stimulating and strengthening plaster when wanted for that purpose, and still strangely mild, soothing and all-healing, when applied to the raw and tender surface of a large burn or scald, or to the surface of the most irritable ulcer; of course they are called *all-healing*, and directed to be used in all pos-

sible cases. What person of common sense and observation can believe this? Does not the simple fact that they are sufficiently active and stimulating to render them of any value for the purpose of a stimulating and strengthening plaster, afford conclusive proof that they cannot be used with impunity in burns, scalds, wounds and irritable sores, which positively require the most mild, soothing and healing applications.

Another class tell us that all diseases arise from suppressed perspiration, and that their all-healing ointments, when applied to the surface of the body, will open the pores and thus eradicate all kinds of disease. Who can believe that a small box of almost inert ointment, applied to the surface of the body, will at once be a sovereign remedy for inflammations of the brain, lungs, bowels, and all the various forms of disease produced by all the various causes which operate on the human system?

So wide, varied and extensive is the range of quackery, that in considering its follies and impositions, one hardly knows where to begin or where to end. A few only of the multitude can be here even hinted at. Homœopathic, hydropathic, electro-magnetic, botanic, mesmeric and Indian, all come in for a share, each claiming infallibility, and discarding every principle of philosophy and chemistry known by scientific men to have been for ages well established and incontrovertible. Look at the doctrine laid down by the founders of homœopathy. The danger to the community from this form of quackery is rather negative than positive—the neglect to do what may be needed, rather than doing a positive injury, as any medicine administered in infinitesimal doses can neither do good nor hurt. What sane man can possibly make himself believe that the smaller the dose of any given medicine, the more powerful will be the effect—the more it is diluted, the stronger it becomes? On this principle, should a lady mix a teaspoonful of salæratus with a whole barrel of flour, instead of a small mass for a batch of biscuit, the whole would become at once a strong and concentrated alkali. Who does not know that if he takes thirty drops of laudanum, he will feel the effects of the opium? but who would expect to feel as much from taking only one drop? And still more strange would it be that any effect could be felt from one millionth part of a drop. Such is homœopathy, as far as the proportion and administration of medicine is concerned. Believe it who can?

Hydropathy is of a still more recent date; or rather the revival of an old and long since exploded system, and will probably never extensively affect the community, as the expense of attending a hydropathic infirmary is too great to be met by persons in ordinary circumstances; most persons, likewise, who are sick enough to need medicine, are too sick to go to a distance, and there are but few who relish the packing in sheets dipt in cold water, well enough to follow it long.

Since scientific physicians have discovered that there are certain cases of loss of nervous power, causing palsy, which may be essentially improved by the application of electro-magnetism, there has sprung up a new race of doctors, calling themselves electro-magnetic. We now find

their signs out, and their flaming handbills posted up in almost every village, and medicine neatly bottled up, claiming to be highly charged with galvanism; so that the sick, by swallowing lightning by the spoonful, can find at once a safe and speedy cure for all their ills. The idea of administering galvanism by magnetizing medicines, and sending them about the country, is so grossly absurd, that I should not have deemed it necessary even to allude to this order of quacks, had I not recently seen upon signs in several of our cities, in flaming letters of gold, "*Electro-magnetic* Doctor." On inquiry, I learnt that they, too, had found their dupes.

The botanic class is by far the most extensive, and embraces almost the entire range of nostrum venders. All these do what they can to impress the public mind with the belief that all medicines are unsafe unless derived from the vegetable kingdom, and that what they please to call apothecary medicines should never be used. Now who does not know that the most powerful and suddenly fatal of all poisons are vegetable in their origin. Many more deaths occur yearly from poisoning with vegetable, than with mineral poisons. It is also well known that a large part of all the medicines used by the regular physicians is vegetable. The only hope of this class of quacks, is from keeping the fears of the credulous constantly excited in regard to apothecary medicines. Thus you will find every pill box, and every phial, carefully marked *purely vegetable*—as much as to say, *all is safe*. For my part I can see but little difference between being poisoned with arsenic, and strychnine—the former a mineral, the latter a vegetable product. The truth is, that good, safe, and valuable medicines, are derived from the mineral, vegetable and animal kingdoms. But all medicines, from whatever source derived, should be used only in such cases and for such diseases as they are found to be well adapted to cure.

Mesmerism has had its brief day of glory, and departed. It burst upon the world, like a flaming meteor, in the cities and in the country; hosts of lecturers were seen, with their high-sounding pretensions; the sick in multitudes attended; the clairvoyant was sent to explore the inner organs of the invalid, and reveal the remedy. But in a few brief years, the glowing light of mesmerism has passed away, and left its advocates and those it had deceived in utter darkness and dismay.

But the most strange of all is the unaccountable charm which the name of Indian possesses over the minds of many, even in a civilized and christian community. Does the civilized world go to the rude, uncultivated and ignorant savage to learn the arts, the sciences, law or divinity? Would you go there to procure a man to manage your farm, your mechanic's shop, your factory, to build your rail roads, or to teach you philosophy, astronomy, anatomy, physiology or chemistry? If not, why go there for help and advice when the human system, that most delicate and complicated of machinery, is out of order? Can it be possible that a race of beings so grossly ignorant as to be excluded from participation in every other kind of business amongst civilized men, should be wise in the healing art! The fact is well known that the Indians know but little in regard to the powers or virtues of even the most

simple vegetables, and but little if anything of the nature and cause of disease. Their medicine-men, as they are called, use but little medicine of any kind. Their only resort is to charms, spells and incantations, amulets, and consecrated medicine bags. Such superstitions are their chief reliance. Yet men in our own civilized country will gravely tell us that they have been for months or years amongst the Indians, and have there learned medical science. How many kinds of Indian vegetable pills have been thrown out before the public, with flaming show bills, rendered attractive by pictures of the rude man of the forest, in Indian costume, with the recently-gathered herbs in his hand. Such pills claim to be pure Indian medicine, such as the red man of the forest uses, and most of them claim to be a safe and infallible cure for all the ills that flesh is heir to. Most surely if Indian doctors and Indian medicine venders know anything of the business they are in, they owe it to their association with civilized society, and not to the Indian race.

The foregoing are some of the facts which are plainly visible on the face of the medicine traffic, as it now stands before the public. What can be more evident, than that the man who recommends a given medicine for the cure of diseases, directly opposite in their nature and causes, is either grossly ignorant of the properties of medicines and of their effect on the human system, or else that he designs to deceive. One or the other must of necessity be true. That many of the medicines before the public are prepared by men wholly unacquainted with medical science, is abundantly evident, from the fact that many of them are persons claiming the venerable title of Rev., and many are persons who palm themselves off upon the public under the assumed title of Dr., when it is well known that they have never devoted a single moment to the study of medicine in any of its numerous branches. To suppose that such persons are qualified to prepare and prescribe medicine judiciously, is to suppose that any other men in the community, of similar occupation and education, can do the same. For the past twenty-six years my time and energy have been almost exclusively devoted to the study and practice of medicine in all its various departments. For years past I have witnessed, with feelings of regret, the evils thrown upon society by the injudicious and often unnecessary use of patent medicines; the sick man often taking an article in no way adapted to his necessities, and the well one often taking it to keep himself so.

The question may be here raised, to whom does all this wrong become chargeable? The first and foremost in the wrong in this case are certainly the men who deceive by false doctrine, or by pretensions above what simple facts will warrant. The deceived, when no influence is used to prevent them from being deceived, by presenting the truth to the mind, are certainly not to be blamed. I would here ask, has the medical profession done its duty to the public in this matter? When error and fraud have been posted up in every village in the land, and physicians have witnessed their withering influence in the many cases which have fallen under their observation, what effort have they made to correct public sentiment, and to spread out light and truth before the mind? It is true that here and there a worthy member of the pro-

fession has ably addressed his brethren, and forcibly exposed the wrong and evils of quackery, through the medical journals; and the theme of quackery has formed the thread of discourse in many of the introductory lectures delivered in our medical schools. But what effect can all this have on the mass of public mind who never attend medical lectures or read medical journals? My belief is, that truth is powerful and will prevail. Let the truth in regard to medical science be faithfully and perseveringly spread out before the public, and thrown into every family, to go side by side with the vaunting and truthless publications of those who are evidently ignorant or intend to deceive, and I am willing to risk the decision of the question to the judgment of an enlightened and virtuous community.

It ever has been the case that the public will have some form or other of domestic medicines, to which they can resort, without in every case calling a physician. Now unless physicians themselves prepare such medicines, in a good and convenient form for administration, accompanied with suitable directions, we cannot think it strange that the multitude should seize upon such as are offered, especially as they are recommended and urged upon them by almost every merchant with whom they deal. The facts are, that the influence of the press, and the influence and interest of the men of trade, are all enlisted in favor of quackery. Now the question is, shall the physicians of the country stand silently by, and see the game of deception played off, and quietly surrender the whole field to the occupancy of quackery; or shall they themselves engage in that most difficult and laborious part of professional labor, and prepare and furnish to the public good and efficient medicines, honestly and faithfully recommended, with plain directions for their proper use? This course suggests itself to my mind as the only one which at the present time can be successfully adopted to combat medical error and delusion. I hope yet to see the time when the various boasted nostrums which now crowd the shelves of all our apothecaries and stores, will give place to medicines prepared by men of science and medical experience, and directed to be used each in its proper place and order. When this shall be done, then shall I believe that physicians have faithfully and honorably discharged to the public the high and responsible duties of their station as conservators of the public health.

Brownington, Vt., May 7, 1849. J. F. Skinner, M.D.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. V.

CHARLES D. MEIGS, M.D., PROFESSOR OF OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN IN JEFFERSON MEDICAL COLLEGE.

> "By learning and fair science crowned,
> Behold him now full fraught with wisdom's lore,
> The laws of nature anxious to explore,
> With depth of thought profound."—*Antigore, Sophocles.*

There is something in the contemplation of genius and successful industry, which is well calculated to soothe and elevate the soul in mo-

ments of sorrow and despondency. Man, in his little career and puerile vanities, often disgusts us with the weakness and fickleness of his character, and the evanescent duration of his fame or life; but the contemplation, particularly, of acknowledged talent and moral worth, is at once grateful and ennobling. Some men are famous, because they have been born so; others are distinguished by a "fortuitous concourse" of circumstances; while others, by the unceasing efforts of their own innate energies, move steadily onward, to dignity and renown. Of the latter description are many of the most influential minds in our profession and the republic. The senate, the bar, and the pulpit, teem with this species of native genius; and medicine, although offering fewer opportunities for popularity among the masses, yet boasts among its ranks some of the brightest ornaments of our country.

Charles D. Meigs was born in 1792, in the Island of Bermuda, where his parents had emigrated from the East on account of the ill health of the father. Some time after this, the family removed to Athens, Geo., where the elder Meigs had charge of a literary college. We have been able to collect but few anecdotes of the early history of Dr. M. In a new country, as Georgia was at that time, the wild sports of the chase, and other rustic employments, would most likely occupy an ardent and most *mobile* boy. Riding on the half-tamed horses of the wilds, without saddle or bridle, *a le Mazeppa*, seems, according to his own testimony, to have been his favorite employment. Sitting, as he graphically describes it, on the margin of lake or river, watching the spray-drops, listening to the carol of the birds, or snaring the wary trout, would scarcely comport with a temperament which is emphatically sanguine. Nevertheless, there might be beauty in the flowers, grandeur in the forest, or delight in the thunder storm, for one who revels as he does in variety and beauty. He not unfrequently complains of early mental training—that he was suffered to roam at large, and follow the inclination of the hour; and most of his readers and admirers will admit that there is some foundation for the complaint.

As is often the case, in our new countries, young Meigs, after a short time of reading and study, began to practise the noble art of healing; and, if we are informed rightly, without that which not unfrequently promises more than it can substantiate, a diploma. After practising in this way for several years, he came to Philadelphia to perfect his medical education; and in the year 1817 took the degree of doctor in the University of Pennsylvania. In Philadelphia, also, he took another degree, for it was here he found one of the fair daughters of the city of brotherly love, too attractive to be left behind. She belonged to one of our most respectable families. He wooed and won her, and took her to his forest home—where, however, she pined for the dear quiet home of her girlhood, and her young but ambitious husband was induced to return to Philadelphia and try his fortune among the great masters of the time. The doubts of success yielded to affection, and the trial was made. Has he ever regretted it? Reader, shouldst thou ever visit our staid city, be sure to mark a neat, open carriage, with a span of splendid bays, dancing along like rein-deer, guided as if not guided by the delicate man-

agement of a light figure which sits erect (seeing everything and everybody) behind them. This is Dr. Meigs; the wild sportsman of the Georgia forests now amuses himself by daily practising the "rubans" in a large city, before the admiring eyes of the citizens. His fine dwelling in Chesnut street above 10th; his sons and daughters, who grow around him like the cedars of Lebanon, in honor and love; his thousands of admiring pupils from the varied climes of the world; his splendid practice among the rich, the gay, and the fashionable—are these, things which should cause him to regret the hour when he opened his humble office in 8th street—"without a second coat to his back"? I trow not; and if his heart occasionally yearns for the wilds of his boyhood, it must be chided back by the troops of friends which greet him on every side.

In 1828 we find Dr. Meigs engaged with a band of spirited writers, many of whom are now the great lights in medicine, in editing a medical journal. Biographical sketches, interesting cases, translations and editorials, flowed freely from his prolific pen, even then—how much more freely during the last four years! A work on phrenology, and two large ones on obstetrics—an original work on midwifery—letters to the class on the diseases of women and children, and articles on cyanosis, chloroform, &c. &c., flow from his pen like a perennial fountain, and, literally almost, all the (reading) world "and his wife" reads them.

In 1837, Dr. Meigs, with Drs. Gerhard, Houston and Ruan, was appointed, by the College of Physicians, to act in concert with a similar committee elected by the trustees of the legacy of Dr. Jonas Preston, in arranging the best plan of building and conducting a hospital for the reception of "indigent parturient married females." This Hospital, which is termed the "Preston Retreat," stands in the north-western part of the city, encased with marble and fronted with noble marble pillars of the doric order. It forms a bright ornament to the city, and a splendid monument to the memory of the benevolent founder. The crisis in trade, in 1837, however, so reduced the value of stocks in which the legacy was chiefly invested, that the building of the house consumed more than the available funds, and consequently it is not yet open for the reception of patients. In the prosecution of the duties of this appointment (he was chairman of the committee), Dr. M. corresponded with the best obstetrical authorities in Europe; and through the agent (Dr. James Bryan) appointed to visit the various lying-in hospitals of the old world, obtained all the information necessary to the task. It is, perhaps, unfortunate that the plan of Dr. Meigs, viz., to build a small portion of the house first, and fill it with patients gradually, and enlarge the accommodations as they were demanded, was not followed. As it is, some $80,000 have been spent, and ten years have passed away without accomplishing the objects of the testator.

Dr. Meigs, by this correspondence and other means, has become intimate with the leading obstetricians of Europe. Collins of Dublin, Simpson of Edinburgh, Velpeau of Paris, &c. &c., are his correspondents and friends, although his views, on many important subjects, are widely different from some of theirs—vide Simpson on chloroform, Medical Examiner, April and May, 1849.

CATO.

[To be continued.]

DEATH FROM FRACTURE OF THE CRANIUM.—FOR ALL WHO WILL TEACH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The design of the following communication is to present a faithful account of the cause, treatment, progress and termination, of the case under consideration, with a view to solicit the opinions of those of your correspondents, who are pleased to offer them, in regard to the propriety of the treatment pursued, and to obtain their suggestions as to the one that should have been adopted; feeling assured that this case affords at least a small opportunity for such suggestions. Be it understood that in presenting this communication I have no invidious, vindictive or evil design, but only desire, by eliciting the opinions of the experienced in these matters, to make it a source of instruction to those who, like myself, are preparing themselves for the arduous duties, and posting themselves for the emergencies into which their avocation as practitioners of medicine is likely to call them. In order to avoid a charge with the former, while at the same time it will not defeat in the least the latter design, I shall omit the names of any of the parties concerned, merely stating facts as they occurred; and if you deem it worthy of a place in your Journal, you will oblige much by inserting it.

On the 7th inst., M. N., a young man aged 25, of strong constitution and vigorous health, while engaged in sawing wood was struck by a billet, thrown with considerable velocity, in the left supra-orbital region, about an inch and a half above and a little inward from the outer angle of the orbit, contusing and lacerating the scalp but slightly at that point. A depression of the walls of the cranium was produced, extending from the external wound inward, along and above the supra-orbital ridge to about an inch from the mesial line. This depression varied in depth from two to three lines.

A physician was called, who upon examination decided that nothing was to be done but dress the external wound, which he did by adjusting the edges of the lacerated scalp, and securing them by strips of adhesive plaster. No operation by trephining was deemed necessary by him, as in his opinion the external table alone was injured, and the depression produced by the external table having been sunken into the *frontal sinus.* Re-action came on in a few hours, attended by alternate fits of delirium and coma.

On the 8th, returning to his patient, he found him delirious, talking constantly and incoherently, rolling of the head, jactitation and great restlessness, so great as occasionally to require restraint; these alternating with low muttering delirium and deep coma, constipation and much arterial excitement. Prescribed mild cathartic.

On the 9th, symptoms becoming more grave, the doctor was summoned to the patient, who still remained delirious and comatose as before, high vascular excitement, and constipation. He now concluded to bleed the patient, in which attempt, however, he was but partially successful, as but little blood could be induced to flow. He cupped him also on either temple, gave active cathartics, and prescribed laxative enema.

On the 10th, the mental and physical derangement increasing, at the request of the friends of the patient a very intelligent and experienced physician was called in consultation, who decided that an operation at that time for removing the cause of irritation from the brain would probably hasten the death of the patient, which was then evidently near at hand; and with the advice to move the bowels if possible, he left him, not doubting that in all human probability his term of earthly pilgrimage was very near to a close.

On the 11th, nothing more having been done, he died, having lain ten or twelve hours in deep coma.

Post-mortem Examination, fifteen hours after death. The left eyelid and parts about it considerably ecchymosed. The depression of the cranium about the seat of injury very apparent to the extent before stated. On laying aside the scalp, the external table was found comminutely fractured, from about an inch of the mesial line outward, both up and down, including the supra-orbital ridge and all of the external angular process of the frontal bone, partially severing it from the frontal process of the malar bone, and upwards an inch above the external lesion. The external table being removed, the internal one was found fractured to a still greater extent, as usually occurs. From the superior line of fracture, a portion of this table was depressed, that is to say, its inferior edge was depressed while its superior edge retained its natural position nearly. A little lower, two fragments of the comminuted plate were found thrust through the dura mater into the sac of the arachnoid membrane. The remaining pieces were not greatly displaced. The two fragments, it may be well to state, were about three eighths of an inch in diameter, and of irregular form. Proceeding downward, the orbital plate of the frontal bone was found broken into a number of pieces, and one of them, a piece half an inch long by one quarter broad, was thrust nearly its whole length through the membranes into the substance of the brain. The remainder of the fragments were not badly displaced, save being some considerably depressed, as was all of the cranium about the seat of injury. The vessels of the brain and membranes were deeply engorged with dark grumous blood, giving the whole brain a much darker color than natural. All appearances evinced it to have been the seat of violent inflammation.

Having now stated the cause, treatment, progress and termination of this case, together with the *post-mortem* appearances and condition, also the appearances immediately after the injury, you have sufficient premises for founding a conclusion as to the mode of treatment that this case required. Those whom experience has made wise, will, I trust, grant my request by giving their opinion through the Journal, not only for the benefit of the tyro who requests, but for all, and for the patients they perchance may have. S. R., Medical Student.

Lyons, Wayne Co., N. Y., April 21st, 1849.

PROSECUTION FOR MAL-PRACTICE.

BY WALTER K. MANNING, ESQ.

[Communicated for the Boston Medical and Surgical Journal.]

Supreme Court at Lowell—Francis Conant, *vs.* Peter Manning. This was an action against Dr. Manning, of Lunenburg, Mass., a surgeon of very respectable standing, for an alleged want of skill and care in the reduction and cure of a dislocation of the plaintiff's thigh. It appeared in evidence that on the 27th of December, 1847, Mr. Conant, who lives in Stow, was driving an ox team with a load of wood upon a sled, in the town of Lunenburg, and fell under his oxen, and the load passed over him. He was severely bruised; and it was found that his lower jaw was fractured on each side, and his thigh-bone dislocated; that Dr. Manning was called immediately, and after great exertion, for several hours, the limb was reduced, and the usual measures were adopted to retain the limb in its place. But it was ascertained that the dislocation was accompanied with a very considerable fracture of the socket, and that it was extremely difficult to keep the head of the bone in its place. Mr. C. continued upon his bed three or four weeks, and then began to move about the house on his crutches. He then became very impatient, and was desirous of returning home; but being admonished by the Dr. of the danger of leaving, he was induced to remain until the 15th of February, 1848, when, against the advice of Dr. M., he left and returned home. On the 2d of March, he returned to Lunenburg to see the Dr., assuring him that his limb was doing well, and that he was much better, and indeed had found the belt prescribed by the Dr. unnecessary, and had laid it aside. Dr. M. then examined him, and found that his limbs were nearly of the same length, and that he had considerable use of the limb that had been dislocated. He returned home, leaving the impression upon the mind of the Dr. and all who saw him, that he was doing as well as could be expected under the circumstances, though Dr. M. urged upon him the importance of resuming the belt.

On the 22d of March, having been advised by his family physician to apply for aid at the Massachusetts General Hospital, after an examination by the surgeons of that institution Mr. C. was subjected to a severe operation for the purpose of improving the condition of his limb. The operation was in a measure successful; he had a better use of his limb than before. But an entire restoration has not been attained, nor was it expected by the surgeons at the hospital; the limb remaining more than two inches shorter than before the injury.

The plaintiff introduced witnesses who testified, that while he remained under the care of Dr. M., the latter told him frequently that he "was getting along well," that "all was right," &c. His counsel contended that the surgeon had misrepresented his condition, and that he had thereby suffered damage. Several surgeons of the hospital were called as witnesses, who testified that the case of Mr. C. was most difficult—both to understand and to manage; that it was not to be expected that under any treatment the limb could be restored, and that there was nothing shown in the case that indicated either want of skill or want of care in

Dr. Manning. One of those gentlemen, who had been present and heard the whole testimony, and who had been notified that his opinion would be called for, gave his opinion that there appeared to be no fault on the part of Dr. Manning, but that the case had been treated by him as well and as successfully as it could have been treated under the circumstances. It was admitted by the counsel for the plaintiff, that there was no fault or want of skill in reducing and curing the fracture of the jaw, nor in reducing or subsequent treatment of the hip, but it was contended that the Dr. had misrepresented the condition of his patient. The jury returned a verdict for the plaintiff for $362,50!!!! The defendant being dissatisfied with this result, made a motion at once for a new trial, on the ground that the verdict was manifestly against the weight of evidence, and moved the judge who held the court (Mr. Justice Dewey), that the evidence might be reported and submitted to the whole court for that purpose, which motion was sustained by the court.

E. R. Hoar, for the plaintiff; G. F. Farley and George Bancroft (of Suffolk), for the defendant.

It is obvious to remark, that the foregoing case is one of the most extraordinary character, and *interesting*, if not alarming to the whole profession; but as it will probably be again submitted to a jury, propriety forbids any comment upon its merits.

ADAPTATION OF GOLD PLATES TO THE ROOF OF THE MOUTH.

BY W. T. G. MORTON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In order that the subject of this article may be fully comprehended, and its importance duly appreciated, it will be necessary to make a few preliminary remarks on the principles of pneumatics; without these, it would be difficult, if not impossible, to explain the phenomena of atmospheric pressure.

Atmospheric air may be considered as a permanent, elastic fluid; although, from the experiments of Mr. Perkins, it appears that common air may be reduced to a liquid by great pressure. The invisible, transparent fluid which we call *air*, whose ultimate particles seem destitute of cohesion, readily yields to *pressure*, within certain limits; unlike liquids, the particles of air, though indestructible, will contract and expand under the influence of pressure, independently of temperature.

Another remarkable property of air, is its *elasticity*, in virtue of which it regains its original bulk when any compressing force, to which it has been subjected, is removed, the non-cohesion of its particles and their repulsive power giving it a tendency to expand again in all directions the moment the pressure is taken off.

It was not till the time of Galileo that experiments were instituted to show that *air* was as much a material fluid as *water*, only much less dense; he concluded that air makes a definite pressure upon every object on the surface of our globe. Torricelli and Pascal proved that this was occasioned by its *weight*, and from this they deduced the height of the

atmosphere. It was afterwards analyzed, and found to be, not an elementary body, as the ancients supposed, but a compound of nitrogen and oxygen. Like solids and liquids, air has *weight*, which may be ascertained by the balance; a cubic foot of air weighs about an ounce and a quarter. Its specific gravity is 1, it being taken as the standard of comparison in finding the specific gravity of gases. Like all ponderable matter it must, therefore, produce a pressure in proportion to its mass; every thing at the surface of the earth must sustain a pressure from the atmosphere above, equal to a column of *water* about *thirty-four feet* in height, or a column of *mercury thirty inches* high and one inch square at the base; this is about fifteen pounds to the square inch. Supposing the human body to contain 2000 square inches, the atmospheric pressure upon its surface would be 30,000 pounds. This immense pressure is not perceptible, as it acts equally in all directions; it is only when this equilibrium is destroyed, by removing the pressure in one direction, that the weight of the atmosphere becomes evident: all the cavities of the body are filled either with air or denser fluids, which counteract the pressure of the external air.

The pressure of the air, arising from its weight and elasticity, is the cause of a great number of natural phenomena; man, also, has turned his knowledge of its properties to great advantage in many operations of science and art. One of the most ingenious, happy, and useful applications of this knowledge is in the adaptation of *artificial teeth.* This department of dental science has now arrived at great perfection, and nowhere is it better understood, or more scientifically pursued, than in this city.

The proper insertion of artificial teeth is an operation undertaken by many dentists, but accomplished by few. Every practitioner, acquainted with the surgery of the mouth, must have had frequent occasion to observe the inconveniences, and often serious injury, caused by the unskilful application of artificial teeth.

The honor of first applying teeth on the atmospheric principle belongs to Mr. Gardette, of Philadelphia. He made use of an *ivory* plate, which was with difficulty fitted with sufficient exactness to exclude the air, and consequently would drop out from the slightest causes. A *gold* plate was afterwards substituted, which could be fitted with greater accuracy, and which adhered more firmly; but it was very difficult to ensure complete success by this, either from the want of perfect adaptation, or changes in the alveolar ridge after insertion, which would allow the introduction of air and cause the apparatus to drop.

In the old method, however accurate the fitting of the plate, adhesion, sufficient to answer the ordinary purposes of mastication and articulation, could not be depended on. In some cases a partial success was obtained, but the *best* set would not adhere with much tenacity at first; it was necessary to wear it some time before the adhesion would be comfortably firm.

Aware of the disadvantages of the old plates, and anxious to remedy them if possible, I instituted a series of experiments, the results of which are given below. After much labor, I have succeeded in making a plate,

retained by a new modification of atmospheric pressure, in which the inconveniences of slight adhesion and the consequent discomforts are completely obviated. Its operation has been witnessed by several scientific gentlemen, and its success has been already demonstrated in many difficult cases in this city.

The advantages of my improvement are—that the degree of adhesion is nearly as great, whatever the size or shape of the alveolar ridge—that the adhesion is more perfect and *instantaneous*, being as great at the moment of introduction as at any subsequent period—that the adhesion is much greater than by the old method. The experiment of attaching considerable weights to my plates has been made; they have borne with ease a weight of *ten pounds*, and more might have been added, were it not for the fear of irritating the patient's mouth. This approaches very nearly the fifteen pounds of the pressure of the atmosphere on every square inch of the surface. Finally, these sets may be inserted and retained in many cases where it would be impossible by the old method.

As this paper has already reached a considerable length, we will defer to a future period a more detailed account of the *modus operandi.*

HYDROCEPHALUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Should you think the following case of sufficient interest to present to your readers, it is at your disposal.

The subject of the case was Susanna G., of this city, a littl girl about 11 years of age, who died the 18th of April last. Dr. Tharpe, whose patient she was, called upon me to assist him in the *post-mortem.*

The head presented a greatly enlarged appearance. The cranial bones were remarkably thin, flexible, and almost diaphanous. The *dura mater* adhered so strongly to the interior of the cranial vault as to require considerable force in its separation. A slight incision in the cerebrum opened into a large cavity, from which was discharged not less than one quart of fluid of clear serum or water.

On examining this cavity it was found to occupy the whole interior of both hemispheres of the cerebrum. The lateral ventricles in each were all thrown into one—their original form completely destroyed, and the three so communicating and running together, and then expanding outwardly in every direction, except the base, as to present the enormous cavity just mentioned. The whole superior and lateral portions of the hemispheres composing the walls of this cavity, were quite thin, so that at some points the substance of the brain seemed to be almost entirely wanting, and nothing left but the meninges to form the walls of the ventricles. The interior lining of this cavity consisted of a strong membrane, everywhere covered with an immense number of injected capillaries. This membrane, so firm and dense, was doubtless the reflected portion of the *tunica arachnoidea* lining the ventricles, and become thickened from inflammation and the effusion of coagulable lymph.

The *cerebellum* presented a somewhat similar appearance—to wit, a

large cavity occupying both hemispheres, filled with a similar fluid, but containing in addition a quantity of purulent matter. This cavity was also but one for both hemispheres of the lesser brain, and seemed to be formed by the expansion laterally and inwardly of the fourth ventricle. In the natural state, it will be recollected there is but a small space.

Remarks.—The above case presents a practical truth, exceedingly curious and interesting to the physiological and philosophical inquirer, as all the symptoms so completely upset and contradict what we generally look for and expect in such a state of things. For instead of finding the intellect impaired, and the senses disturbed, the attending physician informs me that on the contrary nothing of the kind occurred till within a very short time of her death, when the pupils became dilated, and there were spells of occasional screaming. There was also at this late period intolerance of light and sound, and some delirium, from which, however, she was readily aroused, and became rational.

But the question comes upon us with all its force, and most especially in its phrenological aspect—how was it possible for the brain to undergo such a loss of substance, and sustain such an immense weight of pressure from the quantity of fluid present, and that for so long a time (for it seems that the enlargement of the head was noticed soon after birth, and observed to steadily increase, to such a degree, in fact, that the fontanelles were not closed till about the eighth year)—we say the question is, how could the *brain* and *nerves* endure all this pressure, and not manifest any disturbance in the mind and senses, so as to present symptoms, which would at once direct the attention of both physician and parents to the ravages already existing, and constantly going on to the day of her death? With the exception of the enlargement of the head, there was nothing to excite any suspicion of the true state of things, and of the character of that fell destroyer which swept her into an early grave.

The *practical inference* we draw from the above, seems to be, that as the brain is capable of undergoing so great a loss of structure, and sustaining so great a pressure from fluid, without making any report of such fatal changes, the physician should give the strongest heed to apparently the most trivial complaint in the brain, and be inclined to suspect an incipient, lurking inflammation—which, as in the above case, might, unattended to, run to a fatal termination.

I neglected to mention that this child was never able to use her lower extremities, either in walking or standing. It did not seem to be paralysis, as she could move them in the bed, but simply an inability to sustain the weight of the body. She had the free use and strength of her arms, and her general health was good. Yours respectfully,

Baltimore, Md., May 12th, 1849. W. R. Handy.

REMARKABLE CASE OF RECOVERY FROM A GUN-SHOT WOUND OF THE HEAD.

BY DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Henry W. Richardson, aged 14, son of Francis Richardson, of Leverett, on the 28th of Sept. last, received a severe gun-shot wound in his head. A considerable portion of the substance of the brain was traversed by the ball, but the boy has now quite recovered. I deem the case of sufficient importance to be reported, being in my opinion a rare and interesting one. The circumstances connected with, and leading to, the accident, are as follows :—

George, an elder brother, was in the house loading a rifle, preparatory to firing at a target, at some distance, through an open window. Henry was at the barn unloading a cart, and not being aware of danger, ran to the house, in a foot-path leading directly by the window from which George was about to fire his rifle. He passed by it just as the piece was discharged, the ball entering his head when within two feet of the muzzle. He fell lifeless, and was supposed to be quite dead for nearly an hour. He was carried into the house and laid upon a bed. I saw him for the first time in the evening, about four hours after the accident. I found him comatose, extremely pallid, the whole surface of his body and extremities cold and clammy, pulse hardly perceptible, and the breathing discernible only by close observation. I found that the ball had passed directly through his head, as considerable portions of brain were hanging both at the entrance and exit of the shot. I proceeded to shave the hair from around the external wounds, and to apply a *temporary* dressing, supposing that the lad would probably die before morning; but on visiting him again at sunrise, I found, much to my surprise, that he was still alive, and that the powers of life had considerably rallied. I removed the dressings, examined the wounds more accurately, and removed several comminuted fragments of bone, with shreds of membrane and brain, that hung from the injured parts in view.

He remained entirely unconscious for six days after the injury. The left side of the body was completely paralyzed up to this time. On the seventh day, the swelling of the scalp having subsided, I ascertained, on examination, that the skull was considerably fractured and broken up, at the place of exit of the ball. I made a crucial incision through the scalp at this place, dissected up the corners, and removed, with an instrument, several pieces of bone that had been partially broken off from the skull by the force of the shot, and were making some pressure upon the brain.

From this time the boy evidently began to amend. His bowels were easily moved by cathartics; whereas before, there had been but little action, and it was with difficulty that a stool could be procured. His pulse and breathing assumed a more favorable aspect, and gradually became natural. He had an evident relish for food, and began to talk. The paralyzed portion of his body, from this time, rapidly regained its normal action. In four weeks from the accident the wounds had com-

pletely healed, and the boy could walk about the house, and converse with his friends, although there was as yet but little strength in the left side of his body.

The only dressing applied, through the whole course of treatment, was simply strips of linen, secured over the wound with adhesive plaster. These were changed as often as they became loosened. The head was wet freely with brandy and water, and a solution of sugar of lead. The bowels were kept open with castor oil and a decoction of senna. The diet consisted entirely of fluids for the first fortnight; after that, he was allowed more nutritious food.

The anatomical facts as to the boundaries of the injury are as follows. The ball (sixty-seven weighing one pound) entered the head in the right temple, about one inch above and in front of the ear, passing through the lower part of the frontal suture, a little above its junction with the sphenoid bone, and passed out at the back part of the head, through the lambdoidal suture of the same side, a few lines below its apex The distance from one wound to the other was about five inches and five eighths. These measurements show that the ball must have traversed nearly or quite five inches of the *substance of the brain.* The boy is at the present time quite well, although he has some peculiarities that he did not have before the injury. He has a slight stoop in his shoulders, and goes with his head down more than formerly, and is more inclined to mirthfulness.

Leverett, Mass., May 1st, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 23, 1849.

Remedy for Quackery.—By referring to a communication from Dr. Skinner, of Vermont, in to-day's Journal, it will be perceived that, in common with the whole profession, he laments the mighty evil of quackery, which neither legislation—appeals to reason—nor the baneful results on society of an almost universal patronage of nostrums, has in the least degree corrected or diminished. He therefore proposes an entirely new system of operations to counteract this national disgrace and injury to the people—viz., by supplying them with medicines, in a popular form, which are in themselves useful. Medicine mongers, he suggests, may be driven from the ground in this way, and in no other. Agents, and all others deriving advantage from the immense trade in nostrums now carried on throughout the whole length and breadth of the country, would prefer to sell articles from a responsible source; but if physicians of acknowledged standing will not furnish them, they will traffic in such as are provided, whether good or bad, because there is a constant demand for popular medicines, it being part and parcel of the American character to be constantly dabbling in supposed remedies for all kinds of diseases. Whether Dr. Skinner will be countenanced in his project by his brethren, we are unable to determine. Perhaps it may be said that we are not justified in doing

wrong, that good may follow. To his high and honorable bearing, eminent professional abilities, and philanthropy, we can bear testimony. It would be gratifying to have the opinion of our correspondents upon this novel proposition.

Gold Plate Work in Dentistry.—Those who are interested in the onward progress of the mechanical part of dentistry, will read the communication from Dr. Morton, in the Journal of to-day, with much satisfaction. We recently examined a specimen of the beautiful philosophical contrivance referred to, by which a plate, fitted to the roof of the mouth, actually sustained a weight of ten pounds, by the mere pressure of the atmosphere. If it is an old principle, it is certainly a very admirable one, which in this particular application commends itself at sight. If our operators would obviate the swaying, sliding movement which the tongue, in an imperfect cast of the region, gives to an upper set of artificial teeth, they would at once be influenced by the suggestions contained in this article. Dr. Morton deserves the thanks of practitioners and the public for this improvement in the practice of dentistry.

New Tourniquet.—Daniel Huntington, M.D., of Rochester, Vt., has invented a curious little instrument for restraining bleeding vessels, which would be an excellent tourniquet under any circumstances. The idea is to use a pocket handkerchief, a ribbon, or a cord, instantly, if necessity requires. It is really a beautiful winch, which with a rachet wheel and dog, holds a grip which would be equal to all emergencies. While it combines all the advantages to be found in any and all the known kinds of tourniquets, it is far more simple than any of them in point of construction, cheap, and yet powerful and certain in its action. Should Dr. H. cause his new instrument to be manufactured for use beyond his own practice, we hope that surgeons will not only give it a fair trial, but also announce their opinions to their professional brethren.

Chemical Analysis.—Messrs. Lindsay & Blakiston, Philadelphia, publishers whose names are familiar to students in every department of human knowledge, have sent abroad an uncommonly well-proportioned volume, as rich in matter as it is inviting in external appearance, on "Chemical Analysis—qualitative and quantitative, by Henry M. Noad, with numerous additions by Campbell Moffatt, a practical chemist, with illustrations." Those who have been familiar with the leading objects of this Journal, will recollect that on the subject of chemistry we have uniformly and habitually insisted that the science of chemistry is culpably neglected in many of the schools. Lectures are given, to be sure, but the faculties do not sufficiently insist upon a thorough system of reading and study upon this essential branch of a medical education. Unless the chair happens to be filled by a man of very commanding reputation, the students quite turn their backs upon the laboratory. When brilliant experiments are exhibited, an attendance is expected ; but otherwise, the seats are as empty as though a contribution of money was contemplated. We have viewed this state of things with astonishment, especially when the fact is acknowledged that a medical practitioner should be minutely familiar with pharmaceutical chemistry, at least. It would be a curious spectacle to witness the examination of some individuals on this important but neglected sub-

ject, when about to be admitted to a degree in medicine. There are books prepared for giving an insight into the leading principles of chemistry, in which all extraneous and useless speculations are avoided, and those facts are both presented and systematically arranged which facilitate the labors of medical students who do not happen to be particularly in love with what they are pleased to denominate a dull, unprofitable pursuit. The book before us is of this class, and is well calculated to create and sustain an interest in chemical studies. All the soporific qualities are happily extracted, so that one need not be afraid to encounter its pages with open eyes, in full expectation of becoming wise just in proportion to his individual efforts to master the author's profound, excellent and elegant researches. Medical students should avail themselves of this admirable guide, if they have a particle of ambition to sustain themselves, in the department of chemistry, as accomplished physicians.

Practical Compendium of Midwifery.—A course of lectures, by the late celebrated Robert Gooch, M.D., delivered by him at St. Bartholomew's Hospital, on the diseases of women and infants, prepared for publication by George Skinner—a fourth American edition—is fresh from the press of Messrs. Barrington & Haswell, Philadelphia. There need nothing be said in regard to the writings of the lamented author. His fame is extensive; for wherever civilization and science have been introduced, there the name and character of Dr. Gooch are known. Those who desire to be taught, could not go to a more worthy source for instruction. Messrs. Ticknor & Co. have this book on sale.

Dr. Lee's Valedictory.—An unusual accumulation of papers, pamphlets, books, &c., has prevented a notice of a valedictory discourse to the graduating class of the Geneva Medical College, by C. A. Lee, M.D., the Professor of Pathology and Materia Medica. A gentleman of his experience, literary reputation and capacity, would not be likely to fail, on any occasion, to meet the expectation of the public. In no former publication of a similar character, has Dr. Lee been more happy than in this. It is neither prosy nor verbose, but abounds in most excellent suggestions, and is redolent with words of wisdom.

The American Medical Association.—The officers of the Association, chosen at the last meeting, were as follows:—Dr. John C. Warren, of Massachusetts, *President;* Drs. J. P. Harrison of Ohio, H. H. Maguire of Virginia, A. Flint of New York, and R. S. Stewart of Maryland, *Vice Presidents;* Drs. A. Stillé of Pennsylvania, and H. I. Bowditch of Massachusetts, *Secretaries;* Dr. Isaac Hays of Pennsylvania, *Treasurer.*

The following are the names of the Chairmen of the Standing Committees:—Medical Sciences, Dr. Ware, of Boston; Practical Medicine, Dr. J. K. Mitchell, of Philadelphia; Surgery, Dr. R. D. Mussey, of Cincinnati; Obstetrics, Dr. Prioleau, of Charleston, S. C.; Medical Education, Dr. Roby, of Maryland; Medical Literature, Dr. A. Stillé, of Philadelphia; Committee of Publication, Dr. I. Hays, of Philadelphia; Indigenous Medical Botany, Dr. E. Ives, of New Haven; Forensic Medicine, Dr. A. H. Stevens, of N. York; Hygiene, Dr. J. M. Smith, of N. York.

Medical Miscellany.—Died at New Orleans, Antoinette Maxen, a colored woman, at the age of 135!—Dr. Aaron Young, Jr., of Bangor, Me., is to take charge of the department of the natural sciences in the Normal Institute.—Thomas Hunt, M.D., has been elected Professor of Physiology, Pathology and Pathological Anatomy in the University of Louisiana.—Dr. David Harlan goes out Surgeon of the U. S. Ship Plymouth, ordered to the Pacific, and Frank M. Grinnel Assistant Surgeon.—A new and curiously-constructed tooth brush has been sent out from England, which may be had at Almy's, corner of Howard and Court streets, which is highly recommended by Dr. Hitchcock. The bristles are so arranged that the teeth can be brushed on the inner side, and thus dislodge all offending particles.—Cholera is gaining at St. Louis and Cincinnati. Several cases appeared last week in New York. Its apparently non-contagious character neither allays public alarm, nor lessens its melancholy mortality. While two classes of physicians are disputing in regard to its contagiousness, the mighty plague sweeps onward, paying no respect to either.—The sum paid for advertising by some of the dealers in patent medicines in New York, is almost incredible. The editors of the New York Sun state that Dr. Townsend has paid them ten thousand dollars within the last four years for advertising; and Sands's great sarsaparilla establishment in that city, expends annually some seventy-five thousand dollars in advertising in different papers through the country. The amount paid by Dr. Townsend for advertising during the last four years is said to be over two hundred thousand dollars. Large sums are also expended in engaging the services of individuals to write their advertisements.—By the recent proposed modification of the laws and by-laws of the Medical Society of Massachusetts, the annual meeting, should the modification be adopted, is to be held hereafter on the third Wednesday of June—in one of the principal towns or cities of the Commonwealth. This season the Society will meet in Boston and dine at Faneuil Hall, May 31st.

To the Editor. Dear Sir,—My acknowledgments are due to Elizur Smith, Esq., of the Massachusetts Legislature, Chairman of the Committee on Manufactures, for the regular receipt of the Boston Medical and Surgical Journal, from the opening of the last session to its close.

Lee, May 7th, 1849. Asa G. Welch.

To Correspondents.—Dr. Mattocks's paper on New Remedies and New Treatment, has been received.

Erratum.—Page 302, line 4, for "this resolution," read *this statement.*

Married,—In Boston, Samuel Parkman, M.D., to Miss M. E. Dwight.—Horatio S. Smith, M.D., of Brooklyn, N. Y., to Miss L. D. Munroe.—At Sorel, Canada, Edward Q. Sewell, M.D., to Miss S. Hayden.

Died,—In Bath, Me., Dr. John Stockbridge, 69.—At Waterville, Me., Dr. Moses Appleton, 76.—At Litchfield, Conn., Dr. Reuben M. Woodruff, 38.—At Charleston, S. C., Dr. Frederick, Howes, of Salem, Mass., 25.—At Thomaston, Me., by suicide, Dr. V. P. Coolidge, the murderer of Matthews.

Report of Deaths in Boston—for the week ending May 19th, 65.—Males, 30—females, 35.—Of consumption, 9—measles, 9—scarlet fever, 11—typhus fever, 2—lung fever, 3—inflammation of the lungs, 2—inflammation of the bowels, 2—accidental, 3—erysipelas, 4—child-bed, 2—marasmus, 1—scrofula, 1—throat distemper, 1—dropsy on the brain, 1—cholera infantum, 1—convulsions, 1—dysentery, 1—debility, 1—hooping cough, 1—old age, 1—bronchitis, 1—paralysis, 1—drowned, 1—disease of the brain, 1—inflammation of the brain, 1—teething, 1—infantile, 1—unknown, 1.

Under 5 years, 36—between 5 and 20 years, 11—between 20 and 40 years, 6—between 40 and 60 years, 6—over 60 years, 6.

Addendum to Dr. Dowler's Paper on Vital Dynamics.—I beg leave to add the following note, hoping that it may attract the attention of the American Medical Association. If that distinguished and patriotic medical Congress should call the attention of the Government to an improved method of taking the decennial census, and should recommend as expedient, the adoption, in connection with other nations, of one method for all, as far as may be convenient, great advantages would result to the science of political economy and vital statistics. The mutual interests of nations as well as the interests of science, require that statistical methods should be identical or similar; otherwise numerical comparisons must be very unsatisfactory, nay, almost impossible, as every honest inquirer must admit.

Had the different nations that cultivate statistical science, adopted the same methods, the same points of departure, and the same aims, numerical comparisons would not be, what they are now, very unsatisfactory, because uncertain. Each nation has not only a different process and a different time, but often a different object, in periodical enumerations, according as the military, industrial, or other interest sways the government. Even, in the same country, one annual or decennial census differs, sometimes, essentially in its classification from that by which it was preceded: for example, the census of the United States for 1800, reckons all persons under sixteen years of age as one class. In the next decennial enumeration, this class is divided into one and a fraction, and ten years after into three and a fraction. In 1800, and in the two succeeding decennial periods, all persons aged 45 and over, form but one class; while in 1830, this class undergoes six decimations, and in no census are any persons reckoned as exceeding one hundred years, though some survive that age from ten to forty years, particularly in the South. In every census the black race is classified in a manner wholly different from the white, while, in both, births and deaths are entirely omitted. Hence several of the important elements of vital statistics can never enter into our calculations.

A registry of births, deaths, and ages, is required in order to solve many vital problems. For example, is the comparative mean duration of life in New Orleans, Paris, London, or St. Petersburg, a question to be solved? Is not this question one of simple arithmetic? Suppose the creolized population of New Orleans to be only 100,000—exclude from this reckoning immigration and emigration—suppose the births to be annually 4,000, and the deaths the same—then the population will be stationary, and the mean duration of life will be exactly twenty-five years, however much individual ages may vary from each other. Hence, by using the births or deaths for a divisor, the quotient will be the average or mean life of the entire population. But this will be an erroneous method, if in our population, the births be as above, 4,000, while the deaths are only 2,000 yearly:—for, in this case, the mean life will be doubled, or at least greatly augmented. When the ratio between the births and deaths differs considerably, the mean of the two will serve as a divisor in the obtainment of the mean life, with, at least, an approximative certainty. If the unacclimated portion of New Orleans be reckoned at one-fourth of the entire population, this fourth will probably furnish the half of the annual mortality, and consequently the mean length of life among the creoles will be greatly diminished. Thus, if the mean life of creoles be 45, while that of strangers is only 25, the average of life in New Orleans will be only 35, that is, creole life will be shortened ten years by the doctrine of averages, which, to a greater or lesser extent, actually happens.—*N. Orleans Medical and Surgical Journal.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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CEREBRO-SPINAL MENINGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

Though not authorized by any autopsical observation of my own, I have taken the liberty of applying the above appellation to an epidemic which has prevailed in this vicinity for a few weeks past. The term implies a pathological condition denoted by the phenomena which the disease has presented, and which very nearly correspond with those described by Dr. Stone, in his paper in the Journal, upon the same subject. Since the latter part of the winter, this epidemic has made its appearance in different parts of this and the adjoining counties; presenting an assemblage of symptoms, and exhibiting a degree of fatality, not common to any disease that has heretofore prevailed among us. Those cases that have fallen under my notice, have occurred within a circuit of two or three miles, in the vicinity of the little village of Dresserville, about five miles from me; a hitherto healthy locality, and one which has enjoyed a remarkable immunity from the ordinary epidemics of our country.

The abruptness of the attack, the almost undeviating uniformity of the symptoms which usher it in, and the frightful rapidity with which fatal cases have hurried to a termination, all seem to mark the disease as distinct from any with which we have been practically acquainted. The patient, from health, or perhaps slight indisposition, is suddenly seized with pain in the head and joints, attended with rigors more or less severe; the extremities immediately become cold, the countenance livid and death-like, the eyes wild and staring; vision imperfect; pulse small, rapid and irregular; tongue pale, and covered with thin white fur; great restlessness, spasms, and early manifestations of sensorial disturbance, confusion of the intellect or actual delirium, and in some instances convulsions, stupor, and death in the course of a few hours. Generally, however, this state has been tardily succeeded by re-action; the face becomes flushed, the eyes suffused and sparkling, seeming to protrude from their sockets; the respiration hurried; pulse at times tolerably full and hard, but thready and intermitting during the paroxysms. The patient becomes more restless and unmanageable, tosses about upon the bed, throws himself backward and forward, grates the teeth, complains of the head or back, talks incoherently; and as the disease advances,

convulsions or paroxysms of furious delirium occur, alternated by intervals of somnolency, during which the patient lies apparently insensible, with the eyes turned upward, and a constant twitching of the muscles of the face; groans occasionally, calls the name of some friend, or perhaps mutters an indistinct complaint. In some cases, the symptoms have at times seemed to abate; the skin become moist, the pulse more free and full, with a return of reason, and a decided improvement in the general appearance; when, all at once, the aspect of the case would change, the symptoms resume their former severity, and go on increasing until the vital energies become exhausted and the patient sinks. Muscular prostration, however, has not been very conspicuous—the patients, in some instances, being able to get up and walk about, almost to the last.

The pain in the head, back of the neck, and one or more of the joints of the extremities, together with delirium, and a remarkable protrusion of the eyes when re-action has taken place, have, I believe, been constant symptoms in all severe cases. The stomach has sympathized but little; the bowels, though readily moved by laxatives, have manifested no tendeney to diarrhœa. Paucity of urine, with retention in the latter stage, have also been prominent symptoms. In two cases strabismus and double vision have been present, at intervals, from the commencement through the whole course of the disease. With two or three exceptions, the subjects have been children or youths with sanguineo-athletic temperament.

In the case of one lady, of nervous temperament and feeble constitution, whom I saw, with her physician, on the second day of her disease, no re-action had taken place. I was informed that she had convulsions on the preceding day, and the vital energies seemed prostrated as it were by a sudden shock. The countenance was livid, the surface covered with cold clammy perspiration; the pulse feeble, fluttering and irregular, with great muscular prostration and constant muttering delirium. Diffusible stimuli were administered freely, but with no avail. She died on the fourth day after the attack.

In the case of a little boy, also, whom I was called to visit a short time before he died, there was no re-action. He was seized on the preceding evening with shivering, coldness of the extremities, pain in the head, &c., soon became delirious, and was now in a state of partial insensibility, surface and extremities cold, pulse feeble and intermitting, and, with the exception of the pupil, which was permanently contracted, his appearance was like that of one suffering from concussion of the brain. In this case, death took place in about twenty hours from the attack.

The disease has observed no marked crisis or stated duration, nor has any case assumed a decidedly typhoid character. Some have been protracted in consequence of relapses from the effect of cold; in these there have been periodical remissions and exacerbations, closely simulating the tertian type of intermittents. Generally, however, those that have terminated favorably, have convalesced pretty soon, with copious diaphoresis, and a gradual abatement of the symptoms.

Such have been the general features of this malady, which has doubtless displayed less virulence and been attended with less fatality in this, than in many other places. The same inexplicable circumstances, however, that have attended it elsewhere, have been present here. It has confined itself to a narrow circuit, and that, too, in a section where there are no apparent physical causes that have not existed for years; none that are not found in almost any part of the surrounding country. That it is the result of some meteorological influence, we cannot doubt, if we will compare its characteristics with those of our common miasmatic diseases. But why it should so suddenly appear, without a visible cause, and why an aerial poison, so active in its nature, should not diffuse itself over a greater extent of territory, are problems as difficult of solution as are many of the phenomena of our intermitting fevers. Why these should affect the animal economy in the precise manner they do, lying as it were ambushed in the system for months, and then suddenly breaking forth, and displaying so strict an observance of those laws which regulate their periodicity and succession of stages, has never yet been satisfactorily explained.

As was intimated at first, no post-mortem examinations have been made; yet the symptoms have most unequivocally denoted disease primarily located in the nervous system. In no instance have there been evidences of inflammation in any of the abdominal or thoracic viscera; and in some, death has occurred even before the development of inflammatory action in any part. Here, of course, the extinction of life has not resulted from the shock of pain, or from structural lesion of any vital organ; but from mere suspension of nervous power—a withdrawal, as it were, of the stimulus, and consequent arrest of the whole play of sympathetic influences concerned in the operations of life. That death may result from lesion of those forces that animate the living structures, as well as from lesion of organization, has long been an axiom with the physiologist. Indeed, when organic lesions occur, they are mere subsidiary events in the development of the more immediate causes of dissolution.

That this disease, then, is produced by some morbific agent, acting directly upon the cerebro-nervous system, we cannot doubt. But the probable origin, the peculiar properties, and the *modus operandi* of this agent, are speculative points, upon which the purposed limits of this article will not permit me to enter. That it should act thus specifically upon the system, uniformly invading the same structures, and producing the same train of phenomena, is not more remarkable than that a narcotic should invariably exert a sedative influence upon the nervous system; or that ergot should act energetically upon the gravid uterus, without perceptibly affecting any other organ, even the gastro-intestinal mucous membrane, with which it is in immediate contact. These facts have become so familiar, that they cease to excite our surprise, and we know that remedial and morbific agents are controlled by similar laws.

A question of far more practical importance than the foregoing, suggests itself, viz.—What is the treatment best calculated to arrest this malady? On the first appearance of the disease, some cases have fallen into the

hands of *quacks* of different orders, but the elements becoming too boisterous for such mariners, they have fled like birds before a tempest, leaving the subsequent management to those whose motto is, "However fierce the storm, stand fast to the helm and brave the fury of the shock."

The first three cases that occurred, terminated fatally within 60 hours after the attack. One of these was treated by a *Thomsonian.* With the other two, venesection was practised to some extent, and though the condition of the pulse and other symptoms seemed to indicate the measure, according to the judgment of their attendant, it produced but slight temporary relief, and was soon followed by rapid prostration and death. I am informed that similar unfavorable results have followed active depletion, either sanguineous or otherwise, wherever it has been practised. Whether the employment of the means and the unfortunate terminations, have been mere concomitant circumstances, or whether they have borne the relation of cause and effect, we are not permitted to decide. Be this as it may, the relation is so apparent, that the idea now prevails, to a dangerous extent, that the use of the lancet in this disease is the sure harbinger of destruction. So strong is this prejudice with the non-professional, that a practitioner of equivocal decision, and limited claim upon the confidence of his patients, would scarcely be permitted to employ this important remedy, even were it indispensably requisite. That it may be sometimes indispensable, and often beneficial, in this as well as in other diseases, there can be little doubt. Yet upon a careful consideration of the circumstances and peculiar tendencies of the complaint, we shall place less reliance upon it than we might at first be disposed to do. True the manifest cerebral disturbance, a predominant feature in almost every case, would seem to call for the abstraction of blood, as one of the principal means of affording relief; but as has been very justly observed, the symptoms are those of some powerful sedative operating upon the nervous system and paralyzing sensation. Re-action has generally been slowly and imperfectly developed, fatal cases having sunk under the effects of mischief apparently sustained prior to its occurrence. Congestion, or inflammatory action if present, are only symptoms denoting that the insidious foe has previously made his assault upon the citadel of life.

With these views, corroborated by the result of what experience opportunity has afforded, we have been led to adopt that plan of treatment calculated to equalize the circulation, and restore the sensitive power of the nerves, with the least possible expenditure of the vital energies. For this purpose, mild stimulating and tepid drinks, warm pediluvium, and external revulsive applications, are our main reliance until re-action is established, which is afterwards controlled, as far as possible, by a prompt contra-stimulant plan. Laxatives, mercurials, nauseating, and the ordinary febrifuge remedies, and sedatives, have been used according to the indications. Counter-irritants have been used with great freedom. In most instances, active sinapisms or vesicants have been applied to the epigastrium, spine and extremities, and continued while the symptoms appeared to demand them.

But as I designed to say little of the treatment at this time, I shall

speak more fully upon the subject, illustrating it with notes of cases, in a future communication, should the disease continue to prevail.

Summer Hill, N. Y., May 8, 1849. H. O. Jewett.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VI.

CHARLES D. MEIGS, ESQ. M.D.

[Concluded from page 315.]

In 1832, when the citizens of Philadelphia were daily receiving accounts of the horrid ravages of that dreadful epidemic, the Asiatic cholera, in Canada and Nova Scotia, the councils appointed three physicians to go to the scene of desolation, and examine the nature of the disease; and, if possible, find some remedy or palliative, for its treatment, ere it should reach us. The individuals selected were Drs. C. D. Meigs, Richard Harlan (peace to his ashes!), and Prof. Samuel Jackson. These gentlemen repaired to Quebec and other places where the disease was most rife, and attentively examined it, in all its details. Their report was followed by the adoption of the most stringent regulations for the promotion of cleanliness and comfort, in all the remote and public places in our city. This, with the confidence infused into the people, and city officers, were no doubt among the greatest means of arresting the progress of the disease on its way South. The mildness of its attacks among us, may most probably be accounted for in this way. On the first appearance of the disease, houses were set apart and furnished with all the appliances of hospitals, and placed under the care of the most distinguished of our physicians. Dr. Meigs, then lecturer on obstetrics in the Medical Association, was appointed to superintend one in Cherry street, above Fifth, in the session room of the third Presbyterian church. Dr. Meigs's favorite prescription, in addition to venesection and the application of heat to the extremities, was Dr. Hope's camphor mixture, with which, with his usual enthusiasm, he hoped to cure most of the cases—but, alas! the final counting up of the cases, after the disease had left us, showed that the injection of salt and water or blood into the veins (Drs. Jackson and Horner), the *chicken water* practice (Dr. Parrish), and the eclectic modes of practice (Dr. Chapman and others), all resulted in about the same thing. In the long run, the mortality was about the same.

Dr. M. never for a moment relaxed his labors in the cause of humanity. Night after night, and day after day, saw him devoting the whole of his energies, and bringing the resources of his well-stored mind, to bear upon the disease. A severe fit of sickness, from total prostration, was the consequence; and his valuable life was well nigh sacrificed in his efforts to defend the citizens from the disease.

This devotion, indeed, to his profession, is exemplary. As accoucheur to the Pennsylvania Hospital, lecturer on obstetrics in a summer association (with the lamented Dr. Parrish and his compeers), and as professor in the Jefferson College, his labors have been unremitting. As might be inferred from his writings, his attention, in spite of all this, has been con-

tinually directed to polite literature. One of the best linguists of our city, he is familiar with the polished and classical writers of Italy, Germany, France and England. This portion of his acquirements, thus exhibited, is not perhaps for the good of our mother tongue; yet, to the young medical man it is invaluable, as affording him glimpses of those mines of happiness which he may work out in the intervals of leisure which he must necessarily enjoy in the early years of his practice. Two of his favorite productions, before the public, have reference to the Augustan age of Roman literature. Of these he may well be proud. They were delivered before one of the most polished of Philadelphia audiences. These lectures were written in accordance with the well-known rules of Horace, which he is so fond of quoting—

> "Omne tulit punctum qui miscuit utile dulci,
> Lectorem delectando paretique monendo."

His style of lecturing may be called dramatic. A strong vein of mirthfulness, which is occasionally broken into by deep pathos, and brilliant scintillations of the most classic wit, enchain the attention of the delighted hearer, and cause the hour of his lecture to be considered the shortest of the twenty-four. No man knows better than he, when and how to throw into the dry details of science and learning, the spirit-moving power of anecdote, accompanied, not unfrequently, with the enlivening influence of graphic description. Obstetrics, under his hand, becomes a beautiful garden, whose mazes are embellished with flowers from every clime; and so arranged, that although the exotics and indigenous plants strew every path, yet, by their ever varied distribution and arrangement, nothing palls upon the taste, nor fatigues the eye. Without the pomp and circumstance of studied oratory, he displays all the graces of private conversation with the most finished diction and eloquent periods of composition.

His entrance into the lecture room, is that of an easy and polite visiter to a lady's parlor. His gestures are simple, unstudied, and (proof of their truthfulness) never strike the listener as theatrical or artificial. His imagination bodies forth his illustrations at once beautiful and chaste, and his voice, which is not strong, is yet clear and distinct. His playfulness of manner, general simplicity and unaffectedness of style, produce a *naiveté* which is very winning. At one time, he exhibits all the simplicity of a young girl; at another, the dignified port of the gentleman; and again, the tedious whinings of the poor invalid female. The lecture room gradually fills, before the hour of lecture, until it is entirely full, of an audience at once ready to smile, laugh or weep, at the bidding of the accomplished teacher.

> "Hark, his hands the lyre explore—
> Bright eyed fancy hovering o'er,
> Scatters from her pictured urn,
> Thoughts that breathe and words that burn."

The truth is, that Dr. M., in spite of many peculiarities which would damn any other man to eternal silence, has risen among us like a rocket, and soars above all opposition. May he, as he undoubtedly will, still keep his envied ascendancy, and not, like the aforesaid rocket, fall to the

ground in the form of a *dry stick*. Health and long life to him—as a good-hearted and accomplished gentleman, and one who honors his profession quite as much as it honors him. CATO.

THE SURGICAL ADJUSTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of April 23d, I find an attack on me and my instrument, the adjuster, by one Dan King; and to which, through the same periodical in which such attack is made, I beg leave briefly to reply. I should have done so immediately, on its first appearance, but I was quite unwilling to forego the pleasure of meeting that august body—that host of our profession—the American Medical Association, lately convened in your goodly city of Boston. And no one, I am sure, will blame me for preferring to allow the article of Dr. King to lie on the shelf for a time, while I could join with those who, as I had anticipated, and much to my satisfaction, I found to be universally as good-natured and quite as intelligent on medical matters as even Dr. King appears to be. In fact, I must confess I do not well see how any one could be otherwise than good-natured under such kind treatment as we received in that magnanimous city. And I could not but think how much it might have benefited the author of that article to have caught a little of the spirit of that assembly, before writing his philippic. There is nothing in the profession, I believe, which so much disturbs its members, as *ignorance*, *falsehood*, and an *unkind temper*. When we see any one of these manifested in a member, we almost feel instinctively called upon to administer reproof; but, "*layman*" as I am, I forbear the exercise of such high functions. I do not say that Dr. King has been guilty of any one of them. My business is not to accuse, but, in self-defence, to lay the matters referred to in his communication fairly open to your readers. If, on a full and fair examination of the subject, they shall find any one or all of those offences committed by him, they will deal with the offender as high-minded and honorable men shall think meet and proper.

I cannot pretend to dissect and examine all the *assertion* in Dr. King's conglomerate article. The chief points, however, and those which seem to call for special attention, I shall endeavor to notice.

The first one, then, is that the adjuster does not "exhibit the discovery or application of any new principle" in surgery; and on page 234, Dr. King says—"Now let me ask what part of this apparatus has he [Dr. Jarvis] a right to claim as his original invention? Not the double inclined plane certainly, because this has been in general use for a long time. The fracture-shoe is an old affair, and not really worth more than any other old shoe, unless a pair of them might be needed for some masquerade ball. But the rack-bar and pinion wheel seem to be the grand arcana, the body and soul of the whole apparatus; and these were invented and used by M. Belloq in France more than a century ago! It may be that the rack and pinion of Belloq were not so nicely wrought, so finely polished, or so judiciously applied; but the

principle upon which they operated was the same." Again, he says, "I do not say that this apparatus is worth nothing at all, but I do say that very little if any part of it is the original invention of Dr. Jarvis.

In reply to all this, I beg leave to introduce to the reader's notice an article in the Archives Générales de Médecine, 4 Serie, Tom. XI. Aout, 1846. The article in question was written by that indefatigable and accomplished student, Dr. Stout, than whom few are better qualified to give the subject that thorough investigation which its importance demands; and most faithfully has he performed his task, as the reader will see. He examines the whole history of this department of instrumental surgery, from the days of Hippocrates to the time in which he wrote. He divides its history into three periods; giving to each all the improvements, or attempted improvements which were material, together with the names of their authors. As the third and last period may be presumed to cover the whole ground in question, I shall, in quoting, confine myself to that, while I would recommend to the attention of the reader the entire article. I quote from that Journal, page 410.

"III. From the days of J. L. Petit, 1750, to 1846.

"The third period opens a new era. The appearance of J. L. Petit began a revolution in the therapeutics of fractures and luxations. Skill took the place of blind force. Anatomical knowledge and its scientific application were now to supply the defects of instruments too badly combined to be of practical utility. The French have the honor of giving the first spring to this progressive reform. Sanson attributes to Pott the origin of these ideas, but the first suggestion evidently emanated from Petit, who preceded Pott several years, and by his opponents—Pott, Bottcher and Bell—perceiving their value, were they developed: and the great influence of their work, especially of Pott's, soon extended them everywhere in England and Germany.

"By that influence were discarded from therapeutics all the mechanical apparatus which till that time had been considered the indispensable furniture of the surgeon. This exclusion, however, was, as we shall see, carried too far. The new ideas were applicable only to luxations the most recent and easiest of reduction. For others, it was still necessary to resort to power-augmenting instruments. Their real progress was shown in the designation of their place, as to the order of their employment and the limitation of their use to difficult cases. But are not these difficult cases sufficiently numerous to render these instruments indispensable? Petit himself constantly had recourse to the moufle* (pully), and seems to have been the inventor of an apparatus for luxations of the arm. His fork is an evident improvement. But his principle, the moufle (pully), set in motion by a treuil (axle), the most powerful principle in mechanics, shows to what extent the reformer had proceeded in search of a suitable force.

"Pott made use of the moufle. In 1785, Van Husson proposed another apparatus for the arm—*a treuil à deux roues engrenées* (an axle

* Although the word "*moufle*" may be correctly rendered *mitten*, still if we consult our author on page 409, we shall see that he uses that term synonymously with "*trochlea mechanica*" (pully), which term is therefore intended to mean the same thing. JARVIS.

with two wheels interlocked), with the point of counter-extension against the breast. Mahler invented a *vis-à-manivelle* (screw) for the same object; several others employed the same principle, with the same object, as Bavaton and Hagen. Then followed the apparatus of Menel and the axle apparatus of Schneider (*á treuil*), with fixed points in the apartment, which were very favorably received in Germany.

"In 1801, Brunninghausen constructed an apparatus, which differed from others in its employing *la vis continuelle* (the endless screw). The principal merit of this instrument consisted in its easy application in every place, and in its leaving free the movements of the arm. It was applicable, however, only to one kind of accident.

"In 1810, Freytag and Warneck, one with a *vis*, the other with a *treuil*, succeeded no better. The arm then seemed to be neglected for the thigh, and numerous methods were proposed for the treatment of the latter limb. In fact, it is the most difficult problem of this branch of therapeutics, which, after the attempts of Lafay, Belloq, Schneider and Desault, occupied successively the attention of Boyer and Hagedon.

"Their machines, to hinder the contractions of the thigh, are so well known that I may well dispense with any longer mention of them. Suffice it to say, that Boyer's, the most important of all, has, for the principle of its movement, the *manivelle à vis* (rotatory screw).

"In a word, all these apparatus (appareils) present the inconvenience of a *special* application.

"We come finally to speak of the lever, acting by means of the rack and pinion (*par le moyen du pignon et de l'engrenage*); or, in other words, *du cric*. The apparatus of Dr. Jarvis is constructed on this principle.

"The combination of the essential qualities which it presents to fulfil the indications of systematic therapeutics (*une therapeutique raisonée*), renders this principle more applicable to surgery than all of those of which we have spoken. Force, multiplied mechanically, combined with gentleness and precision, constitute the whole of the requisite qualities found in the use of the rack and pinion (*du pignon et de l'engrenage*). Previous to the invention of Dr. Jarvis, we find but two examples of the application of this principle to surgery. These are, the instrument of Nicolai, of Kalberstadt, who, in 1822, proposed to hinder contractions in fractures of the neck of the femur; and, secondly, the apparatus invented in 1827, by Frederic William III., king of Prussia, to raise himself up in his bed, in consequence of having broken his thigh.

"The existence of these instruments, however, ought not in the least to diminish the honor of originality due to Dr. Jarvis, who knew nothing of them; and it is owing perhaps to this entire freedom of his mind, that he arrived, if we may so say, by a single leap, at his apparatus of such general application.

"The apparatus of Nicolai, though but little used on account of its high price, demonstrated, nevertheless, the excellence of its principle in the success which it had in the three cases to which it was applied. The inventor himself, however, complained that it was too complex, and this, with its limited application [to a single injury], hindered its general use.

"The apparatus of the king of Prussia, *à deux cric*, to raise up a patient in his bed, might be superseded by another which Dr. Jarvis has composed with but a single cric.

"*Appreciation.*—After having given an idea of the apparatus which preceded that of Dr. Jarvis, it remains only to give due prominence to the advantages which entitle his adjuster to the preference over all other machines. These advantages are [the following] :

"1. The universality of its application, whether to luxations or to fractures ; the adjustment and co-aptation of which, offers difficulties, either in supporting a limb while a wounded person is raised and carried home ; or, finally, as an orthopedic apparatus.

"2. The faculty of communicating motion of every sort to the member subject to its action, without deranging or interrupting that action.

"3. The harmony of its action, with such a position of a limb as places its muscles in repose."

"4. Its application in every place, without the necessity of searching for fixed points around the patient in order to establish extension and counter-extension.

"5. The possibility of modifying, at will, the force employed, in regard to its quantity or to its velocity.

"6. The facility of transportation.

"7. In difficult and painful reductions, the considerable diminution of time, and the patient's enjoyment of much greater liberty during his treatment.

"By the aid, then, of this instrument, the surgeon possesses a regular and powerful force, subject to his will and easy of application. He has at his disposal a power, which the most vigorous muscles can no longer resist, and which he will manage according to circumstances. He can augment or diminish, accelerate or retard, this power, according to the resistance of the muscles, without injuring them in any manner. He will no longer fear to lose, in fatiguing them, the degree of extension already obtained. The extension he has gained is preserved, as long as the operation requires. Whenever it shall be judged proper to diminish it, it can without difficulty be brought back to the same degree.

"Henceforth the moufle becomes useless. The operator, no longer obliged to seek around the patient those fixed points for extension and counter-extension which so much pre-occupy his attention in the ordinary methods, finds himself relieved from most of the embarrassments which accompany the reduction of a luxation. The point of counter-extension, proceeding directly from the centre of motion in the instrument, is furnished by the apparatus itself.

"As to the place where the operation must be made—the patient's bed, any kind of table, even the field of battle itself, affords as convenient a position as the best furnished amphitheatre.

"Among the advantages of this apparatus, we cannot insist too much upon that which it possesses of leaving the surgeon free, during the whole continuance of any operation, to act with facility on the *mobility* of the luxated limb. Notwithstanding his apparatus is immovable, and the limb is extended to the uttermost, yet nothing hinders the operator

from turning the limb round, or changing its direction in every way. It is no longer possible that the line of extension should be deranged, either by the surgeon's movements, or by the uncontrollable movements of the patient. Besides, the precision in the action of so methodical an apparatus renders all these inconveniences shorter and less fatiguing for the operator as well as for the patient. At most, the patient in his agitation can only carry his instrument away with him, but will not interrupt its action nor cause the axis of extension to deviate."

After having extracted so largely from the *Archives Générales de Médecine*, it may not be amiss for me here to state, that I knew nothing whatever of that article until it made its appearance in that Journal, as I left Paris about one year previous to its publication. If this, and the report of actual cases, treated by the adjuster, in the *Gazette des Hopitaux*, is what Dr. King means by "French courtesy," then indeed do I regard such "courtesy" as no small evidence in my favor.

It may not be out of place here to state further, that while I was in England, the subject of the originality of the invention underwent the most rigid examination by some of the ablest men in London; and after a most thorough investigation of the whole subject, the invention was, I believe, with one voice, awarded to me—at any rate, I never heard of its being questioned. Dr. King can know but very little of that society from whom I had the honor to receive their *large Gold Medal*, and of which his royal highness Prince Albert is President, if he supposes that it is through "English urbanity" that their premiums are awarded. From the scrutiny to which the adjuster was subjected before that Society's Committee on Mechanics—all of them selected for their superior skill in that department of science, and from among the best talents in the nation, with power to call for persons and papers—myself a perfect stranger to every one of them, not having had even a formal introduction to either—to suppose that the award of such a Committee is "English urbanity," *a merely polite farce*—especially after such an award is backed up by the Society with *a Gold Medal of some fifteen English sovereigns*—is to suppose a greater absurdity than ever existed before. With Dr. King, however, this is all "English urbanity." That I found the English surgeons generally, and many others, *urbane*, I am proud to confess, and I trust I shall ever remember with gratitude the urbanity and kindness with which I was received by very many of them. When such men as Brodie, Cooper, Guthrie, Lawrence, Fergusson, and many others, are thus charged with duplicity, I for one repel the insinuation with disdain. Their names will be ever dear to me. The world will be ever proud of them. But a dog may approach the sleeping lion.

[To be continued.]

MEDDLESOME MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

"*A meddlesome Midwifery is always a bad Midwifery.*"

I READ the above short sentence in Braithwaite's Retrospect, not many days ago, and the sound common sense it contained has induced me

to turn over again many of the pages of the said work, in hopes of finding, in the communication of which it formed a part, "more of the same sort," but have failed to find it. No matter, however, so long as there is enough in that short sentence to furnish a text for a few remarks on the practice of untimely and unnecessary interference in practical midwifery, as I am fully persuaded there is too much of it done, especially by the younger part of the profession. After years of much labor and hard study, to make ourselves acquainted with the mysteries of the healing art, and persuading ourselves that we have nearly become masters of the perplexing subject, and then commencing business, confident in the expectation that the application of all our scientific rules must produce specific results, it can be no cause of wonder that we should place too much dependence on the efficacy of medicine, and too little on the spontaneous operation of nature's laws, in the cure of diseases. We are too prone to consider ourselves as the principals, and nature our assistant; but as we advance in age and experience, we give more advice, and save our medicine.

This remark, it is thought, is more particularly applicable to midwifery than to medicine. We are not careful enough to reflect that labor is purely a natural process, and will succeed, in nine cases out of ten, if left to the uninterrupted operation of nature's own laws, without assistance from any man or any *woman*. From a mistaken view of this subject, or from an inordinate desire to expedite the business and bring the labor to a more speedy termination, or, for the professed purpose of assisting dilatation, or of exciting the contractile powers of the uterus to a more vigorous action, the practice of manual interference, it is thought, is too prevalent for the safety of the patient or for the honor of the profession, as it is calculated to cause inflammation of the parts concerned in the labor, and, as an after consequence, puerperal peritonitis, prolapsus uteri, and other diseases that too often follow in the train of such practice, and, sometimes, the best practice. Besides, it deranges the order of the labor, renders dilatation more tedious and tardy, and thus protracts instead of shortening the time and evils of the labor.

These views of the subject were forcibly impressed on my mind, when I commenced the practice of medicine, forty years ago, and have exerted no small influence on my conduct in the business ever since. During a few of the first years, I was often unpleasantly annoyed by the attendants, and not unfrequently by the suffering patient herself, in their urgent solicitations to render manual assistance, and hasten the termination of a lingering labor, when I thought it would be not only *unnecessary*, but very *improper;* and sometimes was chagrined in overhearing among them, such expressions as the following, "If old Dr. D*** was here, he would make the business ache, for he never leaves a woman till she gets through," &c. But my motto was, "neither to hurry nor be hurried," and I often told them so in plain terms, and pursued the same "let-alone" practice in spite of all officious dictation; and the result has been such as not only to *gratify*, but to *surprise* me. During a practice of forty years, confined to one tract of country averaging about twelve miles in diameter, but a little short of 3,500 obstetrical cases have passed through

my hands. But as I have not kept minutes of the cases all the time (a circumstance much to be regretted,) I cannot give the exact number; yet it would not fall short of that number, probably, two hundred. But one important fact stands forth in bold relief, easily remembered, and that defies contradiction, which is, that in the number of cases mentioned in my practice, but one fatal case of puerperal peritonitis or puerperal fever has occurred; while, on the same tract of country to which my practice has been confined, more than fifty women have died with that complaint in other hands.

I am not insensible to the fact that these latter remarks savor too much of the boasting of the charlatan, and they would have been avoided, could I have hit on as feasible a plan to illustrate what I conceive to be the truths contained in the above remarks. I am aware, too, that much, and perhaps all of this flattering success may be attributed to what is commonly called *luck*, by which expression I understand, the fortuitously escaping those cases that are, or would be, necessarily fatal, if, indeed, such cases exist. But let the comparative result be the effect of whatsoever cause it may, I claim no credit for superior skill in effecting it; but if it is to be accounted for from any treatment that is peculiar, it must be the negative or let-alone practice mentioned above.

When the above remarks were commenced, it was the intention to close with a few strictures on the abuse of ergot and other uterine excitants used in labor, the consequences of which, I conceive to be equally destructive of human life with the causes mentioned above, though not to the mother but the child; but perhaps it is best to wait and see if any that is written is worth publishing, before more is added.

C. Bannister, M.D.

Phelps, Ontario Co., N. Y., May 19, 1849.

AMERICAN MEDICAL ASSOCIATION—LENGTH OF LECTURE TERMS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—My attention has been called to a statement, in the No. of your Journal for the 16th inst., which may give rise to misapprehension, and ought, therefore, to be corrected.

After quoting the resolution introduced by Prof. Wood, in pursuance of which a Committee was appointed to publish, along with Dr. Ware's defence of the four months lecture term, a refutation of the doctrines contained in that defence, the writer of the article alluded to makes the following comment:—

"It has been thought that this resolution, as it is to appear in the Transactions of the Association, will bear upon it the endorsement of the Association. It is obvious that it will do this no more than will Dr. Ware's paper, which, we have seen, has been appended to the report on education. They simply state the opinions of members of the medical faculties in Pennsylvania and Massachusetts, and for which the Association is in no sense responsible."

The errors of this paragraph will be made apparent by a plain state-

ment of the facts of the case. The Committee on Education for 1848–49, addressed to all the medical colleges a circular letter of questions. In answer to a portion of these queries, a paper was drawn up by the Medical Faculty of Harvard University, but was not, the Committee were understood to say, handed in, until the Association had convened in Boston. At that late hour the Committee could have no alternative but to pass the paper by altogether, or to permit it to be read as an appendage to their Report. The latter course was adopted, out of regard, no doubt, to the highly respectable source of the document, which, consequently, found its way into the materials for publication.

In this way it happened, that an act of courtesy on the part of the Association led to the insertion among its published Transactions, of a paper which denied in every particular what the Association had over and over again declared, in respect to the necessity for lengthening the lecture term; what it had affirmed in 1847, reiterated in 1848, and, on the very next day *after* the reading of Dr. Ware's paper, approved anew, *without a dissenting voice.*

But, it was to be expected that some persons who were uninformed of these circumstances, or who agreed with the Faculty of Harvard, might infer from the mere presence of Dr. Ware's paper in the Transactions, that the Association was at least *wavering* in its advocacy of the six months lecture term. In order to prevent this error, and lest the paper, "if not mistaken by the public as a representation of the views of the Association, might at least have the effect of contravening those views," Prof. Wood introduced his Preamble and Resolution, calling for the appointment of a Committee, to prepare "a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months," to be published along with the paper of Dr. Ware.

This Committee, it is obvious, was appointed for the very purpose of preventing a misconception of "the views of the Association"; and its work, therefore, *will* "bear upon it the endorsement of the Association." It may be perfectly true, as your correspondent declares, that Dr. Ware's paper simply states the opinions of the medical faculty in Massachusetts; but it is altogether incorrect to assert, as he impliedly does, that the paper of the Committee will simply state the opinions of the medical faculty in Pennsylvania. That Committee is the organ of the Association alone; it has a specific duty to perform, and is empowered to express no opinions but what the Association has repeatedly advanced in the most solemn form, and after full discussion. Whatever it does more than this must rest upon its own authority; but all that it may do within this limit, is the act of the Association, and not its own.

Another inaccuracy in the communication of your correspondent, is, that Prof. Wood is a member of the Committee appointed under his resolution. Dr. Wood expressly declined serving on the Committee, which is composed of Drs. S. Jackson, J. L. Atlee, and A. Stillé.

I am, &c. &c. A. S.

Philadelphia, May 23d, 1849.

PHYSICIANS—THEIR INTEGRITY.

[Communicated for the Boston Medical and Surgical Journal.]

As are light and heat to the sunbeam, so should *integrity* be to the character of the physician, inseparable. This is indeed a cardinal virtue in any individual; in the physician it is the life-blood, sustaining the energies of a healthful, moral existence. As well might he hope for success without fathoming the lore of his profession, as attempt it without acting from principles of purest uprightness. Taken as a class, physicians are the acknowledged oracles of the public, in matters pertaining to physical infirmity and doubt, and as such they share more largely the confidence of the inquiring, than did the Pythian of ancient Delphi. Can it, then, be unfair to expect, nay to require their responses to be *only* the language of truth and soberness?

While the importance of the constant exercise of the quality in consideration is well known, and generally admitted, *facts* still speak a not unfrequent delinquency in the right practice thereof. Instances are by no means rare, of intelligent medical men who pursue a course far removed from the path of undeviating truth and rectitude, and no less to their own injury than that of the profession. For, "can a man take fire in his bosom and not be burned?" A clear illustration of conduct uninfluenced by the show, even, of integrity, is sometimes seen in the reception given to an honest physician's opinion in some peculiar case, by one of the profession, base and selfish. Every practitioner, however skilful, is well aware that many times, after all that human wisdom has dictated is faithfully tried, his efforts to save a fellow mortal from the grasp of death must prove unavailing; but in the last moments of agony, while weeping friends express their entire satisfaction of treatment pursued, and exonerate the medical attendant from all culpability in the issue, from the lips of some of the brotherhood does he not sometimes chance to hear the unjust reproach of lack of skill, injudicious management, and the like, when the malicious man, thus seeking to despoil an unsullied reputation, is personally unacquainted with a single circumstance in the condemned treatment. Through years of professional duty, many can testify that the greatest wrong done them was in such, or similar instances, from envious, unprincipled men, of their own ranks. No reference, of course, is here made to the exposure of real ignorance, carelessness or quackery, but to the dishonest course which is aimed at demolishing fair reputation, honestly earned, and on the ruins thereof designing to raise a structure, *sacred to blasting others' merits.*

Then, again, a physician who knows not integrity, will as effectually sap the foundations of another's prosperity by declaiming to the under strata of society, in the corners of the streets, as by more direct assailment. Plenty of eager listeners he can easily obtain, ignorant alike of cases discussed, and all pertaining to "the healing art;" such minds he can prejudice, and all the while rejoice within himself in prospect of a rotation which shall bring him favor and practice. Many a young physician, of fine sensibility, thus dealt with, has felt compelled to remove from a pleasant and extensive round of professional duty; and sometimes, in

despair, with only a heritage of blighted hopes and crushed energies, has passed early away to the land of justice, where oppression cometh not.

A physician's integrity is tested, too, in that sad hour of suspense in the progress of disease, when friends, full of tender solicitude, are almost annoying in their frequent demands for the opinion of him who ministers to the suffering one. How tempting to whisper a false hope which shall quiet their fears, instead of the dreaded tidings which shall augment their grief! There is perhaps no time when he needs to be more judicious and still faithful to himself and those about him; and at such an hour, how unspeakably precious is the security felt in trusting that physician known to be unflinchingly just in all circumstances.

Aside from those alluded to, there are multitudes of instances, illustrative of the good or ill depending on the exercise or neglect of this invaluable trait in a physician's character; but the limits of a Journal forbid further enlargement. It is left to the consideration of all who read, with the earnest desire that these brief thoughts may awaken that attention to facts connected with the interesting subject, which its importance deserves.

Rockville, Ct., May 16th, 1849. CLIO.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 30, 1849.

Sydenham Publications.—Some quite rare and excellent works have just emanated from the Sydenham Society—Rhazas on the smallpox and measles; the complete writings of Hippocrates; vol. 1 of the English edition of Sydenham, and vol. 2 of Rokitansky's pathological anatomy. There is certainly a lukewarm feeling in this country in reference to the transactions of this Society. The labors of the institution seem not to be appreciated. Some of the rarest treatises on medicine belonging to different ancient epochs, have been put into the English language for a reasonable price. The Society is accomplishing what no individual would have dared undertake, and thus directly contributing to the fund of medical literature, far beyond the expectation of scholars when the enterprise was first undertaken.

Practical Pharmacy.—Thousands who are continually prescribing active medicinal compounds are ignorant of the method of their preparation, or their chemical action on the living system. A medicine suggests no other idea to some minds, than an emetic or cathartic; and very many, it must be conceded, are totally unacquainted with pharmaceutical chemistry.

Messrs. Lea & Blanchard, of Philadelphia, those great contributors to medical libraries in America, to whom we are all vastly indebted for cheapening medical literature by the activity of their never-tiring press, have lately published a fine octavo, containing 568 pages, illustrated by 500 engravings on wood, entitled "*Practical Pharmacy: the arrangements, apparatus and manipulations of the pharmaceutical shop and laboratory;*

by Francis Mohr, of the Royal Prussian College, &c., and Theophilus Redwood, Professor, &c. to the Pharmaceutical Society of Great Britain; edited, with extensive additions, by William Procter, jr., Professor of Pharmacy in the Philadelphia College of Pharmacy." Thus we are presented with the concentrated wisdom of three distinguished teachers of this branch of medicine. If it is studied by those who have any ambition to be made acquainted with the processes of making, mixing and analyzing medicinal preparations, they cannot rise from its perusal without knowing more than when they commenced. No better work could be consulted during a course of chemical lectures at a medical college. Another advantage to be found in this book, is the engraved illustration of the apparatus that is required in a laboratory.

Dr. Mott's Address.—On the 7th of February, Valentine Mott, M.D., of New York, elected President of the Academy of Medicine, delivered an inaugural address. Its chief feature is a tone of hope and encouragement that the degraded condition of the profession may be changed and elevated to the position to which it is eminently entitled. Dr. Mott keeps the idea distinctly in view that New York is the city of American cities, and it is easy enough to discover that he would like to have it considered the centre of all that is grand and imposing in medicine and surgery. We like this ambition to elevate the character and advantages of the great commercial emporium; but it would be a difficult undertaking, with all the orator's influence and fair fame, to blot out the remembrance of the brilliant and eminently successful medical institutions of Philadelphia. It would be a gratification, however, in which every friend of science and humanity would alike participate, to have New York all that the most ambitious of the profession in that great city could desire. Yet it is not to be expected, in a republic like ours, with so many natural advantages for the prosecution of business, the arts, and in fact whatever may be necessary to keep the wheels of civilization rolling, that any one city, like London or Paris, can embrace all the genius, the learning, or the enterprise of the country. Thus medical schools spring up everywhere; hospitals are founded in the interior, and surgeons of wide-spread distinction reside thousands of miles from the old cities upon the seashore.

Dr. Mott's reputation is sure to be on the increase while he has the ability to write a discourse as good as the one under consideration. We are gratified with his observations upon ship fever, and also upon cholera; but especially with the expression of this eminent surgeon in favor of those efforts to elevate the character of the profession, by doing all in our power to ameliorate the sufferings incident to humanity.

Preceding Dr. Mott's speech, Dr. Francis spoke with his accustomed energy and felicity. "This is a joyous meeting," exclaimed the doctor, on resigning the chair which he had been occupying. The Academy is presumed to embrace talent and moral worth, and should it finally accomplish all that is anticipated by its members, the community in which it exists will reap as many advantages from it as those who share in its deliberations.

Georgia State Medical Convention.—On the 20th of March, the practitioners of medicine, throughout the State of Georgia, in pursuance of a call from the Medical College and the Medical Society of Savannah, convened

at Macon, Dr. Hoxey, of Columbus, presiding. Dr. Lewis D. Ford, of Augusta, was subsequently elected president. The object, as explained by Dr. R. D. Arnold, of Savannah, was centralization and organization, for the advancement of the profession. The same afternoon the convention resolved itself into the *Medical Society of the State of Georgia*, of which Dr. Ford was elected the first President. Dr. Arnold is to deliver an address at the next meeting—which is to be at Macon, in 1850. The Society is to memorialize the Legislature in regard to a law of registration. It was proposed, also, that auxiliary societies should be formed, which should keep a register of the names of regular practitioners, records of the weather, notes of diseases, &c. A gratifying compliment was paid to the Southern Medical Journal, which was well deserved, for its energetic course, independence and excellence. The constitution and code of ethics are drawn up with much care, and would seem to ensure peace, friendship and co-operation among the members.

Antiquity of Anæsthetic Agents.—Although etherization seems to have taken the whole civilized world by surprise, and all men of intelligence admit that it is of incalculable importance to humanity, it is quite certain that various articles have been in use from immemorial time in Asia, for producing the same result. Not long since, reference was made to the notes of an American missionary in China, who saw a vast procession of religious devotees, more or less maimed by recent wounds, having large brass hooks passed through the muscles of their arms, to which pots of flowers were suspended, and yet they were wholly free from pain.—A recent number of the London Medical Gazette furnishes further proof in corroboration of the former practice of this method. It is there stated that M. Stanislas Julien makes the following statement. A Chinese surgeon, upwards of two hundred years before our era, had employed the cannabis Indica to produce a state of insensibility, before performing surgical operations. This curious affair is extracted from a Chinese system of medicine, entitled *Kou-kin-i-long*, which was published in the sixteenth century. From the representations of the delightful reveries which the patient experiences while under the influence of that drug, some of them being recent, and from highly respectable sources, we are led to hope that some one may commence a course of experimental observations upon the effects of the Indian hemp, with reference to its anæsthetic properties. Through the earnest endeavors of Prof. O'Shaughnessy, of Calcutta, the extract, a few years since, was extensively prescribed for neuralgic diseases, with high expectations; but in New England, at least, it was found to be nearly if not quite powerless. The want of success may possibly have been in consequence of the timidity of practitioners inducing them to prescribe doses not of sufficient potency. From various sources abroad, the impression has become extensively diffused that the cannabis Indica exerts a wonderful control over the nervous system, which might be readily confirmed or removed. Here is ground for investigation.

Mortality in Rochester, N. Y., for 1848.—Dr. Ely publishes, in the Rochester papers, the following information respecting the mortality in that city the last year:—"The mortality for 1848 was 962, being an excess of 215 above the previous year. The ages of 70 were unknown. Of 3 years old and under, there were 413. If we estimate the population at

32,000, the rate of mortality will be 1 in 33.26, or 3 per cent. The records show a progressive decrease in the deaths by consumption. The proportion of this disease to the whole mortality in 1845, was 21.15 per cent; in 1847, 16.46 per cent.; and in 1848, 14.65 per cent. On the other hand, the "summer complaints" have increased during the same period; for in 1845, they constituted but 7.96 per cent. of the mortality; in 1847, it was 17.53 per cent.; and in 1848, 21.62 per cent. There are no other material variations from the preceding year, except that the deaths from inflammation of the bowels are increased from 16 to 42; scarlet fever from 5 to 81, and smallpox from 2 to 17 cases."

Massachusetts Medical Society.—This Society meets this day in Boston, instead of the 31st, as inadvertently mentioned in last week's Journal. The members have generally been officially notified through the Journal of the time and place of meeting. This year, from some cause, such notification has been omitted, and the members have been obliged to trust to other and uncertain sources of information.

Medical Miscellany.—Dr. Aldridge has discovered that sugar, identical with the sugar of grapes, of honey, and of diabetes, is an essential constituent of the egg of the common domestic fowl.—Dr. S. Jackson, Philadelphia, is President of the Medical Society of Pennsylvania.—Dr. Daniel Drake, of the Louisville Medical College, Ky., has re-established himself in Cincinnati. —Mrs. Moore, wife of David Moore, Philadelphia, on the 17th inst., gave birth to four children, three of whom are alive and hearty. The mother is a woman about 29 years of age, a native of Ireland. She has had two husbands. Her first husband, whose name was Bell, was an Irishman, and a middle-aged man. She was married to him about ten years ago. Her present husband, to whom she was married about nine months since, is a young man only 21 years old. Mrs. Moore had six children by her former husband, at three births.

Register of Cases in which Ether was employed at Morton's Letheon Dental Establishment, 19 *Tremont Row, for the week ending May* 26, 1849.

Sex.	Age.	Number of Teeth extracted.	Quantity of Ether used.	Time of Insensibility.	Time of Recovery.	Temperament.	Pulse at commenc. and end.	Remarks.
Female.	33	16	2 oz.	5 m.	1½ m.	Lymphatic.	70—105	Perfectly quiet.
"	34	21	1½	3	1	Nervous.	77	" "
Male.	18	1	1	3	1	Lymphatic.	105	Restless.
"	40	7	¾	2	2	Very Nervous.	100	No resistance.
"	21	1	1	1	1	Lymphatic.	120	" "
"	48	1	1¼	1¼	1	Robust.	70	Slight resistance.
"	23	1	1	1	¾	Delicate.	70—60	Quiet.
Female.		2	1¾	3	2	Common health.	65—70	"
"	23	Destroyed a nerve.	¾	½	½		100—130	Considerable agitation.
Male.		1	1	½	½			
"	24	2	1½	1½	Instantly	Common health.	Irregular.	
Female.	20	1 Tooth excavated	1	3	2		Irregular.	Perfectly quiet.

Report of Deaths in Boston—for the week ending May 26th, 63.—Males, 41—females, 22.—Of consumption. 12—measles, 8—scarlet fever, 7—typhus fever, 3—lung fever, 2—rheumatic fever, 1—brain fever. 1—inflammation of the lungs, 2—congestion of the lungs, 1—accidental, 2—dropsy, 3—drowned, 2—disease of the heart, 2—teething, 2—erysipelas, 1—inflammation of the bowels, 2—marasmus, 1—hooping cough, 2—convulsions, 2—infantile, 1—chronic diarrhœa, 1—apoplexy, 1—child-bed, 1—debility, 1—old age, 1—paralysis, 1.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 4.

The late Medical Meeting in Boston.—Dr. N. S. Davis, editor of the New York Annalist, thus speaks of hospitalities tendered to the members of the Association at their late meeting in this city.

"Besides the ordinary hospitality, for which Boston and its environs enjoy an enviable reputation, the members of the Association were most delightfully entertained on Tuesday evening, at the residences of Drs. J. C. Warren and J. Bigelow. On Thursday evening, at those of the Hon. Abbott Lawrence, Dr. Hayward and Dr. Homans; while on Wednesday evening all had the pleasure of partaking of one of the most splendid collations ever presented, provided by the Massachusetts State Medical Society at the Revere House. The hall was hung with the portraits of eminent physicians, now numbered with the dead; and the immense company were welcomed in a very appropriate and eloquent speech by the Mayor of Boston. This was responed to in the course of the evening by several eminent members of the profession from distant States; and as a season of social enjoyment, of rational hilarity, of brilliant wit and eloquent interchange of sentiment, we have never seen it surpassed. And all this too, without one drop of intoxicating drink to remind us of man's direst scourge. We cannot too warmly express our approbation of the noble example and liberal hospitality, both of the profession and community of Boston and the whole of Massachusetts."

Death of Dr. Wurdemann.—It is our painful duty to record the death of Dr. J. G. F. Wurdemann, by consumption. The knowledge that his life was to be a short one did not deter him from pursuing his cherished objects with ardor, and though death found him prepared, it took him from useful and honorable occupations. Born in Charleston, and educated to the medical profession in Europe, he was early appointed Demonstrator of Anatomy in the Medical College of the State of South Carolina. Compelled by ill health to resign his place and a lucrative practice, he spent the last eight or ten years of his life in Cuba, Florida, and Aiken, S. C. That this time was not uselessly spent is proved by his work on Cuba, advantageously known in this country and Europe, and other productions to which he did not affix his name. His unaffected diffidence concealed from all but his intimate friends the resources of his mind, while his fervent piety and active charity endeared him most to those who knew him best. He died in his fortieth year.—*Charleston (S. C.) Med. Journal.*

Benefits of Vaccination—Spread of Smallpox in Angouleme.—For some time past a very serious epidemic of smallpox has spread in the above commune. The municipal authorities sent Dr. Gigon to investigate the circumstances, and advise on the means of arresting the epidemic. The following facts have been ascertained:—The epidemic reigned for two or three months; fifty-two persons out of a population of four hundred were attacked; seven died, and thirty were still under treatment: *none of those who died had been vaccinated.* It is impossible to cite a more striking instance of the protective influence of vaccination. It is true that some who had been previously vaccinated were attacked by smallpox, but in all these cases the disease was mild, and left no traces.—*Gazette Médicale.*

The Dover Enquirer says there has not been a death in that town since the 20th of April, a period of more than four weeks, which is remarkable for a town having 10,000 inhabitants.

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CHOLERA AS IT APPEARED IN NASHVILLE, TENN.

BY A. H. BUCHANAN, M.D.

On the 27th of December, 1848, the steamer Caroline Watkins, from New Orleans, where cholera was prevailing when she left that port, arrived in Nashville, one death having occurred on board from cholera. On her trip up to this city, occupying a period of about ten days, she lost eight persons from the same disease. These deaths occurred among deck passengers and firemen, most of whom were foreigners, and, as represented, very imprudent under treatment; one or two of the deaths were among colored persons. On her arrival in our city great excitement prevailed among the citizens, and every one, in anticipation of the appearance of the disease amongst us, was anxious to learn, each from his own medical adviser, what must be done to prevent or cure its dreaded attack. Various prescriptions were made, each physician prescribing according to his own notions of its pathology and treatment. The apothecaries were busy in supplying families with the means, under the advice of their physicians, and sometimes without, to combat this fearful malady. The city authorities were also awake to its approach, and every effort was made (I am happy to say) effectually to cleanse the city in anticipation of its appearance. Thus were we prepared, and fully prepared, for an attack. Almost every family had the remedies at hand, and were well instructed how to use them at a moment's warning. But for three weeks there was no appearance of cholera, and the excitement began to subside, when on the 20th of January, twenty-five days after the arrival of the Watkins, and several days after the arrival of other boats on board of which there was cholera, one case occurred in the lower part of the city, in a house almost surrounded by water; for at this time there was a great flood in the Cumberland, so that the upper and lower parts of the city were inundated.

The occupants of the house in which this case occurred were of the lowest and most indigent class. This case, a man of intemperate habits, and who had exposed himself to the weather and in the water for several days, died in a few hours after his attack.

On the next day, the 21st, another inmate of this house, and a fellow in all respects to the first case, was seized with the disease, but was immediately removed to comfortable quarters, where, under good medical

advice and nursing, he seemed to be convalescent, but in a few days died from his own imprudence. The third case occurred in the same house; another associate of the two first was seized on the 22d, and was also removed, together with all the families who occupied the house, to better quarters in a more elevated part of the city. But notwithstanding every effort was made to save him, he collapsed, and died in about thirty-six hours. This case I visited in its last stages, and recognized all the characteristic symptoms of Asiatic cholera, such as I had before witnessed in 1833–34. The haggard but indifferent countenance; cold, blue and shrivelled extremities; pulseless wrist; sunken, or almost lost, voice, with clammy sweat, were all present; as also rice-water evacuations, which clearly indicated the nature of the disease. From this time cholera gradually increased; several more deaths occurred in this family and in the immediate neighborhood. It also made its appearance in the upper part of the city, among a class of citizens much more comfortably situated and greatly above high water mark. The force of the disease seems to have been spent upon these two neighborhoods, but several deaths occurred in the heart of the city, and a few of our most respectable citizens were carried off by it. One family, in which the disease appeared with great severity, lived in a good house in an open lot or field, upon an elevated situation in the suburbs of the city, and seemed to be remote from all city influences, or other causes productive of it. In this family two deaths occurred, and every member suffered from it. The black population and the lower classes of society, the most ignorant and indigent, were the greatest sufferers.

About the 4th or 5th of February the disease reached its greatest height, and as many as four or five died in twenty-four hours. Previous to this time, from one to two or three deaths occurred daily, and after this the disease gradually declined, so that by the 26th of February we regarded it as at an end. The number of deaths were in all about forty or fifty.

During the prevalence of the disease almost every one in the city complained more or less of some uneasiness in the stomach and bowels. Hundreds suffered from diarrhœa and some from dysentery, which in a few cases was very painful and difficult to cure. Many were afflicted with violent spasms of the stomach and bowels and abdominal muscles without discharges, similar to what we commonly call cramp colic. In some cases all the voluntary muscles were violently cramped; the spasms recurred at intervals of a few minutes, not unlike tetanus. Several cases of typhoid fever occurred during its prevalence, but the symptoms were not influenced by it in the slightest degree. In the month of December and until late in January our community all suffered more or less from a mild epidemic influenza. Only in a few instances did it appear in a violent form or require medical aid. When cholera made its appearance it rapidly subsided, and very rarely did we witness a complication of choleric symptoms with those of influenza.

You are well aware that several of our physicians here regard cholera as contagious, and many of the most venerable of the profession will not admit of the existence of a case, without it can be traced to a con-

tagious source, nor do they regard the diarrhœa or other disordered conditions of the stomach and bowels, as they have prevailed here, as at all premonitory of cholera. I differ very, very widely from those who entertain such opinions, and think we have passed through an epidemic form of cholera, which, compared to the epidemic of 1833 and 1834, was mild in its character, but which, except for the prompt and efficient means used to control it, would nevertheless have proved much more fatal than it really did. I considered the whole community as more or less affected by it, and advised all who consulted me to regard every symptom of disorder in the digestive organs, especially a diarrhœa, as premonitory of an attack; or, in other words, as the commencing or first stage of cholera, and to use means at once to arrest it. Such also, I believe, was the opinion and advice of a majority of the physicians in our city. Here, then, are the causes of the boasted success in the treatment of the late epidemic.

1st. Our city was well cleansed and in good condition when it appeared.

2d. Every family who were able were supplied with remedies, and were aware of the nature of the first symptoms of the disease, and also of the best modes of living to prevent an attack.

3d. The epidemic was mild in its character, and gave all fair warning, so much so, that even those who died might almost certainly have been saved had their intelligence and means been sufficient to guard against its insidious attack. It is well ascertained that all those who died had diarrhœa, or other premonitory symptoms, for two or three days or longer before they applied for assistance. And some cases were even in a collapsed state before medical advice was sought. But very few, if any, cases occurred suddenly and violently, as in the former epidemic. All those who applied to a physician in the first stage of diarrhœa were promptly relieved, and hundreds cured themselves with the remedies at hand, with which they had been previously furnished and instructed how to use. Cholera, then, as it lately appeared at Nashville, was certainly a very curable disease. Taken in time, it was curable in almost every instance.

The weather was neither very cold nor warm for the season. The thermometer ranged in January from 13° on the 6th, to 68° on the 30th, and was generally about freezing point at sun-rise, and 35° or 40° in the afternoon. But, for the most part, the weather was exceedingly disagreeable, being moist, cloudy and chilly, with wet and muddy streets, and with a flood in the river which reached its maximum height on the 22d, being 45½ feet above low water mark. The third violent case of cholera occurred on the 22d, the day on which the flood was at its height.

The winds during this month were variable, but prevailed from the N. N. E. and S. S. E. The day on which the first case occurred was cloudy and drizzling rain. Thermometer 40° at run-rise, wind S. and S. W. The balance of this month was cloudy and rainy, with a temperature generally above freezing point at sun-rise, and from 40° to 60° in the afternoon. The weather during the month of February was

similar to January, but was colder and clearer, and the winds prevailed from the N. N. W. We had several beautiful days in February, with bracing winds and clear sky. The middle of the month was very cold; the thermometer on the 18th being 4°, and on the 10th ice formed on the ponds three and four inches thick, and our ice-houses were all filled. From this time the weather grew warmer, and on the 26th cholera left our city. At present we are entirely free from the disease. The adjoining counties, as I learn from letters received, have suffered in a slight degree from diarrhœa and general disorder of the digestive organs. You have now a pretty correct idea of the rise, progress and termination of cholera in our city. But before closing my remarks, I must say a few words on the treatment.

In all cases of premonitory symptoms, such as pain and fulness in the stomach, which was often complained of, and in diarrhœa, which was the most common symptom, I advised the use of the following mixture :—R. Alcohol, 1 pint; gum camphor, ℥ ij. Dissolve and add laudanum, ℥ ij.; compound spirits lavender, ℥ ij. Of this mixture, thirty to sixty drops were directed to be used upon a lump of loaf sugar, and repeated after each evacuation from the bowels; or in case of pain or spasm in the stomach or bowels, every half hour until relief was obtained. In many violent cases it was used in larger doses, and in cases of mere uneasiness in doses of ten to twenty drops repeated *pro re nata*, as a preventive. I assure you it had the desired effect in all cases in which it was used, and hundreds cured themselves with it who suffered from diarrhœa, without the aid of any other remedy. In more violent cases, or where the diarrhœa and vomiting were suffered to run on without treatment until spasms in the muscles, prostration and approaching collapse were evident, I used, in addition to the above, two or three grain-doses of opium, and repeated at intervals of one, two or three hours, according to the urgency of the symptoms. The pill of opium was generally washed down with brandy and water, and as many as ten or twelve grains were administered in bad cases in twenty-four hours. In the absence of opium, laudanum was used with the brandy in teaspoonful doses; and in very urgent cases of spasms and approaching collapse, all these remedies, together with sinapisms to the abdomen and extremities, and also hot applications to the feet and stomach, and other parts suffering from cramps and pain, were applied; the patient all the while being well covered up in bed, and using hot sage, mint, or other teas, such as were most agreeable. This course of treatment was successful in every case that came under my own observation, except in two cases, and one of these was collapsed at my first visit. In no case did I use one grain of calomel or other mercurial, except in two instances, and then I believe with disadvantage. In the large majority of cases the bowels were checked at once by the above treatment, and were suffered to remain so for three or four days without evacuations. At the end of this time, or earlier in case of pain or other disposition to stool without evacuations, a tablespoonful of castor oil, with fifteen or twenty drops of laudanum, generally produced a free bilious discharge, such as often follows a dose of calomel, and left the patient convalescent.

In some cases, however, this prostration is followed by very slow recovery, or terminates in death. A low typhoid state of fever comes on, with red and swollen tongue, feeble voice, sore throat, dry fauces, sighing, nausea, &c., which is always critical. Such cases require the most judicious treatment, and even under the best-directed skill will often terminate fatally. But I cannot enter into details as regards the treatment of such cases. Your patience must be already worn out in the perusal of this long letter. I will only observe, before closing, that I have no prejudice against the use of calomel in the treatment of cholera or any other disease. On the contrary, it is my favorite remedy in the treatment of almost all diseases. I merely wish to state a fact as observed in connection with the late epidemic, which naturally gives rise to the reflection that, possibly, we place too much confidence in its powers in other diseases. I confess I was surprised to see free bilious discharges without the use of some mercurial. But such was the fact in many instances from a dose of oil, and in many cases without the aid of any purgative; and where the bowels had been bound up for two or three days by the use of opiates, the first evacuations that followed were bilious, and the patients rapidly convalesced. Should the epidemic unfortunately re-appear amongst us during the spring and summer, a more extended series of observations on these points will be interesting, and possibly I may be heard from on the subject again.—*Western Journal of Medicine and Surgery.*

THE SURGICAL ADJUSTER.

[Concluded from page 339.]

The second point to which I shall reply, is Dr. K.'s assertion that no "philosophical or mechanical principle has been for the first time applied in the use of this instrument" (the adjuster). In presenting his proof to sustain this assertion, Dr. King takes the ground that extension and counter-extension is the only *principle* employed in reduction, and that therefore this is the only one used by the adjuster. Indeed, the truth of his position to show that the adjuster has no superior value, rests entirely on this, and on the ground also that I am greatly in error in supposing that the capsular ligament is likely to be ruptured in any other manner than by being torn from its attachments, and then only so as to allow the head of the bone freely to return; and also, in supposing that the head of the bone, even under any circumstances, should suffer occlusion from its articulating cavity, and that the narrowness of the opening in the capsule is ever any impediment to reduction. This, if I understand it, is the position which Dr. King assumes in his article of April 25th, and is the main ground on which he rests his attack on the adjuster. If I show, therefore, that the capsular ligament is ruptured, and is quite liable to rupture, at other points than at its attachment, and so, too, as to forbid a ready return of the head of the bone in dislocations; and also that the head of the bone does frequently (not always nor generally, perhaps) suffer occlusion in its abnormal position, by the

narrowness of the opening in the capsule in recent cases, and more certainly in old ones, and also that the adjuster does employ another *necessary* principle in reduction, than that of extension and counter-extension, I shall prove how very erroneous are the views of Dr. King on this subject, entitling his opinions and his whole article to no credit, while at the same time I shall establish the value of the adjuster, and its claims to professional confidence.

That it may be seen that I do not mistake Dr. King's meaning, I will quote a short passage from his article. "This specious hypothesis (the longitudinal rupture, or narrowness of the opening in the capsule) is untrue in fact, and dangerous in its consequences. The anatomy of the part, as well as *post-mortem* examinations, show that such is not the case, and that the head of the humerus is not likely thus to suffer occlusion. The capsular ligament is more likely to be torn from its attachments than separated in its centre; nor is it possible that the head of the humerus should by such means be entirely shut out from its cavity."

To show the absurdity of this statement, by accredited authors, I quote, first, from Dictionary of Practical Surgery, S. Cooper, &c., 2nd American edition, Vol. I., page 341, article Dislocation—"Of some circumstances rendering the reduction more difficult."

"1. Narrowness of the opening of the capsule. The opening of the capsule being too narrow to allow the head of the bone to return into the glenoid cavity, is one of the chief impediments to reduction. The obvious indication is to enlarge such an opening by lacerating its edges. This is fulfilled by moving the bone about freely in every direction, particularly in that in which the dislocation has taken place. Now, by pushing the head of the bone against the capsule already torn, the latter becomes lacerated still more, in consequence of being pressed between two hard bodies. The reduction, which is frequently impracticable before this proceeding, often spontaneously follows immediately after it has been adopted. In the *Journal de Chirurgie* are two cases by Anthaume and Faucheron establishing this doctrine."

In using the term *narrow*, connected as it is by our author with this particular mode of enlarging the opening in the capsule, it is necessarily implied that the laceration is *substantially longitudinal*, for supposing it to have been mostly transverse, as the tearing a capsule from its attachments would be, the force which would be ordinarily applied in reduction, would of itself so tend necessarily and constantly to make broad the opening in the capsule, that it is only requisite to proceed far enough with the extending force, and the occluded head is sure to find an opening in the capsule sufficiently large for its return, and that, too, without the operation here described. But for once suppose it to be longitudinal, as it undoubtedly was, and as our author says. "The reduction, which is frequently impracticable before this process, often spontaneously follows." I will again quote from the same author, page 336.

"Here the same thing *often* happens which is seen to occur in compound fractures, in which the ends of the broken part protrude through the skin. The capsule is sufficiently torn to let the head of the bone escape, but the opening, afterwards being too narrow, forms a kind of

constriction round the neck of the humerus, so as to prevent the return of the head of the bone into the place which it originally occupied. In this state, should we endeavor to reduce the dislocation, the capsule, being pushed against the glenoid cavity, becomes compressed between it and the head of the bone, which the surgeon now in vain attempts to reduce. Desault was the first to notice this practical fact, two examples of which are recorded in his journal, and cases of which have since *very often* presented themselves at the Hotel Dieu. In these cases the head is commonly very moveable, because being entirely on the outside of the capsule nothing restrains its motion."

The following is quoted from page 321, to show the increased liability to occlusion by the lapse of time. "In many instances, in the course of a short time, the opening in the capsular ligament becomes closed, so that the head of the bone cannot return into its original situation."

2d. For the same purpose I will quote from Miller's Principles of Surgery, Edinburgh edition, 1844, page 697. "The rent in the capsular ligament, as well as that in the exterior fibrous apparatus, becomes closed by plastic exudation."

Again, page 699. "Sometimes the head of the bone merely projects through a narrow fissure of the capsule, and this tightly embracing its neck becomes agglutinated thereto by plastic exudation, and constitutes a most serious obstacle to replacement."

I will cite but two more cases on this point, for I am admonished, by the length of this article, that I am using too freely the printer's time and paper—although cases might be multiplied almost without number.

3d. The one which I will first quote, is from Fergusson's Practical Surgery, page 170, London edition, 1842. The specimen referred to is in the author's collection in the museum of King's College, London. Although the author gives the case for an entirely different purpose from the one for which I shall quote it, still it is so entirely pertinent to our object that I shall here present it. He says—"On a subject, I noticed that one shoulder was more prominent than the other; and in the process of the dissection, I found the head of the humerus lying immediately under the deltoid muscle in contact with the acromion, and surrounded by a very thin capsule of cellular texture. On raising the head of the bone, I ascertained that the long tendon of the biceps was torn, the under end being adherent in its natural groove, and that, in addition, a dislocation of the head of the humerus [forward in all probability] had been in a manner reduced; but, instead of passing again into the capsule, had been thrust between this texture and the deltoid muscle. Only a small portion of the glenoid cavity was visible at its lowermost point, the greater part being covered by the flattened capsule. Doubtless, in this case, the original opening in the ligament had been only sufficient to let the head of the bone escape, and not free enough to admit of proper reduction."

4th. The remaining passage which I shall quote on this point may be found in the New York Journal of Medicine, September, 1848, page 268. It is Dr. Fenner's report of a dissection of a very recent case of

dislocation of the hip, copied from the New Orleans Medical and Surgical Journal for July. After having tried in vain, at different times, during the several stages of the dissection, to reduce the dislocation, and after "all the muscles between the pelvis and the thigh had been severed," so that "no obstacle to the complete extension of the limb existed," Dr. Fenner says, "it was found impossible to replace the head of the femur into its proper position. It could not be *forced* back through the aperture in the capsular ligament, out of which it had passed. *To one half of its extent* the capsular ligament was ruptured, and the opening *had to be enlarged* from one half to three quarters of an inch before the head of the femur could be put back into the cotyloid cavity; *here lay the chief obstacle to the reduction of the dislocation.*"

I would ask Dr. King, does "one half of its extent," in this place, mean crosswise or longitudinal? Although, I confess, I knew of the case before it was reported in the Journal, yet I pretend not to know any more than is reported; but I will risk my reputation upon it, that the rupture of that capsule was substantially longitudinal. Finally, how does this case square with the views and opinions of Sir Astley Cooper?

There is but one point more in Dr. King's conglomerate to which I shall pretend to reply. Before we proceed, however, we will see how much Dr. King knows about reducing dislocations. On page 233, he says, "when the contractions of the muscles which confine the limb in its abnormal situation have been overcome by these means [extension and counter-extension], the proximal extremity of the dislocated bone is moved laterally [how? by what means?] as much as may be necessary to allow the muscles, *when the traction is discontinued*, to carry the bone back to its normal situation."

Who ever heard, before this, that "the muscles carried the bone back to its normal position" "when" or after "traction is discontinued"? Did Dr. King ever see a shoulder reduced? Miller, the Professor of Surgery in the University of Edinburgh, says (Principles of Surgery, page 702), "So soon as the signs of reduction have occurred [not before, by any known means except the adjuster], the extending force is instantly desisted from." And Samuel Cooper says (Dictionary of Surgery, page 340), "Thus, the head of the bone being separated from the trunk and brought near the glenoid cavity [by extension and counter-extension], it usually glides into this situation [the glenoid cavity] with very little resistance." And this, remember, is while extension and counter-extension are discontinued. I would also say, I should exceedingly like to know how long it is "after traction is discontinued" by the pulleys, that "the muscles carry the head of the humerus back to its normal situation" in the glenoid cavity.

I will, however, without delay take up the remaining point to which I am to reply, and that is—Does the adjuster, in using it, apply any other principle in surgery than extension and counter-extension? or, in other words, does it apply any new principle in surgery not before used?

In answering this question, I might, with much confidence, rely on the very able article in the Archives Générales de Médecine, even that part of it which I have so lengthily quoted [see last Journal]; for by that, I

think it is plain, and I trust the reader will so see it, that more than one new principle is applied to surgery in using the adjuster—yet I will content myself with pointing out but one, for from this one all of the others proceed. The one to which I refer, is, *that the extending point of traction, both in fractures and dislocations, is always free—never a fixed, immoveable point, only as the surgeon shall choose to make it so, and then only at such a point as he shall choose to fix it.* The very reverse of this has been the operation of every apparatus used for reducing dislocations up to this time, except in the single instance of Brunninghausen's for reducing dislocations of the shoulder. In that, however, the force could only be diminished by the same slow process as that by which it was applied. This difficulty proceeded necessarily from the kind of power he employed—the endless screw. It might, indeed, be let off instantly, had he so arranged it: but he did not. Yet no intermediate grade could be attained by it. In a word, the power was not *perfectly* subject to the will of the operator; and this alone, in systematic therapeutics, renders any apparatus in which such defect is found, too imperfect for general use. This, therefore, together with its limited application to one kind of injury only, and its imperfect manner of adaptation to fulfil the indications required, was doubtless the cause of its failing to secure that confidence which its author, with a laudable zeal, had intended it should merit. Thus, then, did Brunninghausen fail to apply *the principle.* That it is a *principle*, as much so as extension and counter-extension, I trust every one will see and admit. If to constitute it a principle, it is only necessary that it should form a constituent part of any class of operations, then, indeed, is it a principle. For I trust I have already shown, in my article on dislocations of the shoulder, that there are luxations of that joint which cannot be reduced without using this great liberty of motion at the point of traction, and which is secured to the surgeon by its being left free—cases which have been, and many others of which can be, reduced, by using this liberty as it should be used.

That there needs to be employed at least another principle in reducing dislocations of the shoulder, than the one of extension and counter-extension, I will quote that father in surgery, Samuel Cooper (Surg. Dictionary, page 341).

"There are cases, however, in which the action of the muscles being perverted by the oldness of the dislocation and by the adhesions contracted with the surrounding parts, it becomes necessary to employ such means, as *will serve to force*, as it were, the head of the bone into its cavity, whither the muscles cannot bring it" [in using extension and counter-extension].

This is just what we do in using the adjuster to reduce those old dislocations, and just what Mr. Cooper says it is necessary to do to reduce them. By using that liberty of motion contained in, or arising from, the principle of *leaving free the point of traction*, together with using the principle of extension and counter-extension, we "*force the head of the bone*" away from adhering tissues, through or between the "agglutinated" edges of the capsule (if adhering), again "into its cavity." This

is performed *directly*, by the contractile power of the muscles of the dislocated limb, acting on the head of the bone, as a ball is acted upon by the force which impels it, or as an arrow is acted upon by the string of an elastic bow, driving either into whatever substance happens to come in its way. *Indirectly*, in the case of the bone, by the adjuster putting the muscles in that state of tension, and subjecting their power perfectly to the will of the surgeon, while by the shaft of the bone he directs the course which the head of the bone is to take (because the point of traction remains free), so that the head of the bone communicates that "severe force" of which Mr. Cooper speaks, but altogether more safely to the patient, and with infinitely greater certainty of success to the surgeon, than that to which he refers.

Two examples, at least, have been given in this Journal, and by different individuals, of the operation of reduction having been performed in this way, after all of the ordinary forces and means had been tried in vain. Very many more might be given. Nor did I ever hear of any injury resulting from its use, nor can I conceive of its being an unsafe mode of operation in the hands of a man of common prudence to direct it. The *danger* of any operation with the adjuster, I hesitate not to say, is vastly less than with the pulleys; and all who are familiar with it, as far as I know, express the same opinion. The reason is obvious—the power is entirely under the control of the surgeon; is more gentle and more steady, and consequently more safe. By this liberty of motion, also, we are often able to accommodate the muscles, or elude their resistance, and thus effect reduction almost without the patient knowing it. More than once, in reducing a dislocation of the shoulder, have I been seated in a chair, and the patient in another one immediately before me, from which neither of us arose until reduction was complete; and while I was progressing with the operation, perhaps (being careful not to allow the catch to make any noise, the patient thinking, doubtless, that I was all this while adjusting the apparatus, he detailing to me the history of his accident, to which I appeared to listen with deep concern), he would suddenly start and exclaim—"there, it's in; I felt it—why, I did 'nt know as you was going to set it yet," or words of like import. These, of course, were all recent cases, but they show the gentleness of the adjuster in its mode of operation; and although they would not have been difficult, perhaps, to reduce by other means, still I very much doubt whether they could have been reduced by any other with so little suffering to the patient. Nor would I be understood to say that all recent cases are equally easy of reduction. Far from it; some of them, as all experience shows, are among the most difficult. But I am convinced that, all cases taken and considered, very much less suffering is produced by the adjuster in reduction than by any other means, while I am confident that it is more certain of success, for reasons already given.

I trust that I have now shown that another and a necessary principle *has been* added to surgery by the introduction of the adjuster, and by it a mode of procedure has been successfully adopted to reduce a class of dislocations which was not and could not be safely reduced in any other way. The mode has no parallel in surgical history, nor did there exist

any means, previous to the introduction of the adjuster, by which such mode could be adopted. If any case can be shown where such dislocation has been so reduced, or any means by which it could be so reduced, let Dr. King show it; otherwise, hereafter, hold his peace until he better understands what he is to write about.

Dr. King gives me credit for "one idea." I really wish I could do as much for him. He talks very fluently about old dislocations. He evidently knows very little about them. He is "far behind the times," and his duty plainly is, to "post up." To his *cant* about patents, I shall not reply. I would, however, here observe, that I am convinced the day is not distant when that subject must undergo a thorough examination. It is time that members of the profession knew what rights they have, and what they have not; who are to give those rights, and who not; who to define them, and who not, and on what *principle* they are to be given and defined. Unwelcome as it may be to me to be dragged before the profession, on this *side issue*, it may nevertheless be my duty to stand forth in defence of rights, which are common to all, and which *not any medical body* have even a *moral* right to curtail or abridge. That duty, painful as it may be, I shall not shrink from nor decline, nor do I fear the decisions which common justice shall award to professional courtesy.

Dr. King throws out some of his inuendoes about purchasers being "glad to dispose of it [the adjuster] at a large discount," and also "about young graduates," &c. How all this may be, I do not know; but there are two facts which I do know. One is, that in Dr. King's immediate neighborhood there has been sold at least one adjuster within the past month, by the manufacturer. How is this? If they are so abundant and "at a large discount," why not purchase of those who would sell cheap? The other fact is, in looking over the list of purchasers which the manufacturer keeps, I find them in professional standing *far above* the mediocrity of their profession generally; and this is just as we should suppose it would be. Those who purchase would generally be likely to have the best practice, by which they would be enabled to purchase, and such men are generally, I believe, the ones who stand highest in their profession. Another fact is worthy of notice. It is notorious, I believe, with the agents of the manufacturer, that not one of them likes to travel in sections of country where the adjuster is not known, and where they have first to introduce it. I have been repeatedly told by them, that they can generally do twice the amount of business in a given time, where some one has already introduced it, than they can in a section of country where its use is unknown. As I have already said, I do not know but Dr. King's statements about this matter are all true; but with these facts before me, a very dark shade is cast over them in my own mind. Yet, after all, that there should be such instances would not be strange, considering the great number of the instruments which are now owned by the profession. Too many, I am convinced, who own the adjuster, know very little about it. They can scarcely apply it correctly, simple as it is, in its plainest and simplest applications. This is indeed humiliating, but so it is. Nor is it confined entirely to those who make

but small pretensions. There are those, who, as it has appeared to me, if their *self-conceit* did not forbid it, would so learn the use of the adjuster as to be able to accomplish what they now do not and cannot accomplish. But this is a misfortune common to every new development. A principle, ever so good, ever so plain, will not be comprehended by all, and at once. The thing, by fermentation, as it were, must work itself clear.

I have a case now under treatment which I wish all could see. It is a fracture of the neck of the femur; and although, from the age and infirmities of the patient, it is a very unpromising case, he being a man of 67, with a broken-down constitution, and a peculiarly irritable and spasmodic state of the muscles of the lower limbs, which has existed for many years, giving him a most ungraceful walk in all his pedestrial movements, still, to see the ease with which the fractured extremities are kept in apposition, and the perfectly quiet and comfortable state of the patient all the time, leads me to wish that all might witness the manner in which it is accomplished. On first seeing the patient, and understanding the nature of his injury, together with his obviously broken-down state, I advised him and his friends not to attempt to do anything more with the limb than simply to keep him as comfortable as could be done; to lay it in as easy a position as could be found for it, and as soon as consistent, to allow him to rise from his bed—as there could be no hopes of a union of the broken bone, and as it was especially their duty to look out for his general health. But so far from even desiring them to follow these general instructions long, in consequence of the suffering of the patient I was forced to co-apt the fracture to give him ease. On placing the fractured extremities in apposition, he almost immediately became easy, and has remained so ever since. It is now near two weeks; the injury happening on the day I reached home from the American Medical Association. I cannot, of course, expect a bony union in this unpromising case, although everything now appears very much like it. I never saw a case, with a single exception, put so at ease without the adjuster, as is this case. My suspicion, indeed I may say my belief is, in this case, that without co-aptation of the fracture, the powers of the system would have succumbed to the constitutional disturbance which was fast arising. His mind wandered. He had a coated tongue, and a full, quick and irritative pulse. From all these symptoms, however, he is now free, with a good appetite, quiet state, and limb just the length of its fellow.

I have now done with Dr. King, and shall close with a single remark. It has too often appeared to me, and I have sometimes been surprised at it, that members of the profession, and others, when they attempt to make improvements, in therapeutical instruments especially, seem to take it for granted that they must first dispossess the profession (as it were) of what they have, before they can expect theirs to be received or even considered by the profession. Not content with defining clearly the defects in existing apparatus, and the reasons why they are defective, together with their reasons why their own improvements are called for, they, by traducement and other means, must first jostle them out of their way. This, it appears to me, certainly, is not the way to

advance the profession. If they have, as they profess to have by the very improvements which they attempt to introduce, the good of the profession at heart, they would be as much rejoiced at what we already have which is valuable, as others, and not attempt, in their wholesale manner, to traduce and destroy whatever appears to stand in their way, irrespective of its merits. Such selfish policy, certainly, is too narrow for the medical profession. It is beneath its dignity. Although the apparatus which is the apparent (not real) ground of this controversy, cost me *much* time, *much* study and *much* money, yet I should rejoice to see the means by which those indications could be better fulfilled than by the adjuster. Could I see them, I doubt not I should be among the first to approve them. Our course should be onward, and anything in our conduct which is calculated to arrest that course, is not an honest mode of dealing with it. With my profound respects to the profession generally,

I am, very respectfully and truly, G. O. Jarvis.

Portland, Conn., May 19th, 1849.

CLINICAL INSTRUCTION.

[Communicated for the Boston Medical and Surgical Journal.]

It will be thought, perhaps, hardly necessary, at the present day, to speak in behalf of clinical instruction. But, certain expressions have lately been uttered, which may render a few remarks on this subject not inappropriate.

On entering upon the study of medicine, we were advised, by high authority, to commence, *at once*, daily visits at the Massachusetts Hospital. The wisdom of this advice, has fully sustained itself by experience. Familiarity with the aspect of the sick and of disease is thus early acquired. Perhaps no single method can be suggested, of obtaining familiarity with the materia medica, and associating remedies with the diseases to which they are appropriate, of more benefit than constant hospital attendance. And, surely, it cannot be questioned that the best introduction to the study of theory and practice, is through the observation of cases in connection with their description in the text book. At the hospital, the important characteristics of disease are pointed out, by those whose delight is in searching out and imparting to others the treasures of science. But, what deserves especial mention, the ear may there be educated to recognize the certain signs of pulmonary affections. And how, but by practice, and constant practice, too (for which three years is not enough), can the art of auscultation be acquired? And has any person at the present day a right to offer himself (or has any institution a right to offer him) as a competent practitioner, as fitted to decide upon the existence or non-existence of tubercles, in the chest of a patient, or to diagnose pneumonia from pleurisy, or bronchitis, who has not accustomed his ear to their indubitable signs? Can the studies above alluded to, we would ask, be nearly so well pursued, and the art of auscultation be acquired at all, without hospital advantages? Why, after the term of pupilage in this country is completed, does the zealous student of medical science,

so often as he does, spend a large amount of time and money in further labors abroad? Is it to consult foreign libraries, or chiefly to attend the lecture-room? We believe we shall be sustained in asserting the negative, and in declaring that the chief object which draws the student to the other side of the Atlantic is the ten thousand patients of Paris, and the bedside cliniques of Louis.

When, then, the administrators of a public institution for the preparation of medical practitioners confess their inability to afford hospital advantages adequate to the demands of the student, do they not thereby confess their disqualification to give diplomas of competency for the practice of medicine? If such an institution is prevented from affording thorough bedside cliniques, on account of being encumbered with too large a number of students, is it not clearly its duty to reduce the number to that which will enable it to do full justice to those under its charge; or to consider itself disqualified for giving to its graduates diplomas of full competency as medical practitioners? Let its overplus of students be sent elsewhere; or, if all our institutions should become so flooded with applicants for matriculation that none of them should be able to afford the requsite hospital instruction, then let a selection be made, on the basis of an examination of the candidates, in respect to their preliminary acquirements. We mean what we say. Let there be no medical college without a hospital; and no diplomas without clinical preparation.

We believe that although the subject has nowhere received, in this country, the attention it deserves, yet that the medical student in this city enjoys fair advantages for observation. But, more might here be done for him. Arrangements might easily be made with the Boston Dispensary and its physicians, to bring cases for auscultation, of scarlet fever, measles, smallpox, &c. &c., under the eye of students, at times in considerable variety. We ourselves have received the most courteous treatment from the physicians of the public hospitals, from whom we have sought opportunities for observation in the establishments under their charge. But we believe that the passage of laws, expressly providing for clinical instruction at these places, would not only be an act of liberality towards a body of scientific men, but one which must reflect advantage upon the public which supports them. CLINIQUE.

Boston, May, 1849.

AMERICAN MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Journal of May 9th is an account of the late meeting of the American Medical Association in Boston. In that article, it is stated, p. 283, that a resolution of Dr. Wood was adopted, asking for a committee "to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months," * * * * * "and Drs. Wood, Jackson, and Atlee, all of Pennsylvania, were appointed as the committee." Hence the error in the names of the committee in the present writer's article in the Journal of May 16th, which your correspondent of the 30th corrects.

In the article of May 16th, occurs a passage which is noticed more at length in the communication of A. S., in your number of the 30th, and which seems especially to have caused its publication. It is this:—"It has been thought that this resolution (Prof. Wood's), as it is to appear in the Transactions of the Association, will bear upon it the endorsement of the Association. It is obvious that it will do this no more than will Dr. Ware's paper, which, we have seen, has been appended to the report on education. They will simply state the opinions of members of the medical faculties in Pennsylvania and Massachusetts, and for which the Association is in no sense responsible."

I can see no "error" whatever in this paragraph, as alleged by your correspondent. Dr. Ware presented a paper to the Association, which gives the opinions of the Faculty of Medicine of Harvard University (not of the Faculty of Massachusetts, as above stated), concerning extending the lecture term to six months, and to which extension that paper offers objections. By a *vote of the Association*, that paper was ordered to be printed along with the Report of the Committee on Education. To whom is that Report made? To the profession throughout the land. And for what purpose? To show what are the views of the Association concerning medical education. It has no authority whatever beyond this, and the public adoption and continued use of anything it may recommend must depend on its opinion of the matters recommended, or which, being adopted, are in practice found to be actually useful. And what more important function than this can such an Association perform? It deliberately offers its views concerning matters of the gravest professional interest. It states facts and arguments, and presents the results of its labors to the public. It there leaves them, for adoption or neglect, just as circumstances of time or place may determine. The writer sees no higher nor wiser destiny or use of that which is thus presented as the best for all; and in such view of it the recommendation has its surest power.

"But," (says "A. S.") "it was to be expected that some persons who were uninformed of these circumstances stated by him, or who agreed with the Faculty of Harvard, might infer from the mere presence of Dr. Ware's paper in the Transactions, that the Association was at least *wavering* in its advocacy of the six months lecture term. In order to prevent this error, and lest the paper, 'if not mistaken by the public as a representation of the views of the Association, might at least have the effect of contravening those views,' Prof. Wood introduced his Preamble and Resolution, calling for the appointment of a Committee, to prepare 'a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months,' to be published along with the paper of Dr. Ware. This Committee, it is obvious, was appointed for the very purpose of preventing a misconception of 'the views of the Association'; and its work, therefore, *will* 'bear upon it the endorsement of the Association.'"

On reading this paragraph, a question arose if there might not be some misapprehension of the meaning of the phrase, "endorsement of the Association." The "statement of the facts and arguments" of Prof. Wood's

committee will be collected and come out *by authority* of the Association, for under such authority that committee will act. The *endorsement* or ratification of the views of the committee, of its "facts and its arguments," can be, it is conceived, given to the report only by the action of the Association upon the report itself.

But whatever may be the opinion entertained on this, and any other collateral views, it is pretty clear that the adoption of any propositions of the Association will solely depend on what they are believed to be worth. If they are thought to promise important results, they may be tried. This will be done very slowly, and with great care. If they work well, they will be continued. If they work badly, or what in such cases is the same thing, if they are believed so to work, they will be given up. It was of the working of the six months lecture term that the article in your number of May 16th, was designed in part to speak. It is stated in that paper that from what was gathered, it did not seem that the success in the few experiments which have been made of the lengthened term, have been great, or very encouraging. Nothing, however, in that article was said or implied to discourage further trials of the plan; but an opinion expressed that trial would continue to be made, and that the result would be felt by the profession. The meeting of the Association was a noble gathering of men of talent and of learning. Its power was felt beyond those who formed it. The public paid to it honor, and so manifested a relation to the profession, which the physician cannot but highly value.

W. C.

SECURITY OF VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In several articles that have appeared of late in your Journal, upon smallpox and varioloid, I have observed that in seeking to account for the great increase of these diseases, some have inferred that vaccination, after a longer or shorter period, loses its protective power. A practice of thirty years, in a place peculiarly exposed to smallpox, from its border location, and from the consequently frequent arrival of emigrants, has brought under my notice facts that confirm me in an opposite opinion.

In 1819, I vaccinated over two hundred persons. Among these, there were three children in one family, of the ages of one, three, and five years. Since then, we have had the smallpox eight or ten times. When it visited us in 1840, there was an Irish physician residing here, who inoculated a number of persons with the smallpox virus, and among others this family. When this was made known to the authorities of the place, two or three days after, I was called to visit those whom Dr. G. (now of your city) had inoculated. In the above-named family, I found the arms of the three persons, whom I had vaccinated in 1819, inflamed, and within four or five days they became quite sore, but by the ninth day all inflammation had ceased, and nothing but a dry scab was left upon the arm. But two other children, who were born after 1819, and who had never been vaccinated, had all the symptoms of smallpox, and were

shortly afterwards removed to the hospital, where they suffered from the disease.

In these cases, vaccination proved a protective from smallpox, notwithstanding the persons were more than twenty years afterwards inoculated with virus taken directly from a person sick with the disease. I feel confident that whatever may be a person's exposure to smallpox, vaccination will eradicate all susceptibility to it. In nine cases out of ten, a single vaccination is sufficient; but as no one knows who may be the tenth person, I have made it a rule to re-vaccinate after a few weeks, and to continue vaccination as long as it will produce a vaccine pustule. There are but few cases where it has taken the second time, although I have known two or three instances where it has produced a pustule the third time. I have never known of a single case of varioloid or smallpox where the individual had been properly vaccinated, and am persuaded that the cause of so many cases of these diseases is owing to the use of impure matter, or because the vaccination is not thoroughly done.

Eastport, Me., May 25th, 1849. Yours truly, E. Richardson.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 6, 1849.

Massachusetts Medical Society.—Notwithstanding the discouraging inclemency of the weather on Wednesday last, the anniversary of the State Medical Society, the members came together in sufficient numbers to show that an abiding interest is felt, throughout the commonwealth, in this oldest of the medical institutions of New England. It was feared that the enthusiasm exhibited at the late meeting of the American Medical Association, in this city, had quite exhausted the vigor of those who have always been first and foremost in sustaining and carrying out the measures of the State Society. But there was no lack of energy or promptitude; and when the eagerness of the crowd was observed, as they pressed to the treasury board to pay their assessments, the conclusion was irresistible, that medical men, like politicians, are convinced that in union there is strength. Young physic and old harmonized admirably. There were some few changes in the list of counsellors, which it was good policy to make. More of the young, spirited members should have seats in the council. If efficiency is of any consequence in an organization especially devoted to the arduous business of keeping quackery at bay, and in maintaining a vigilant supervision over a large body of practitioners, who are actuated by varied motives, and influenced by passions, as others are in the different walks of life, and who therefore require a place of appeal to settle misunderstandings and to establish rules of professional etiquette, there should be elected active, stirring, prudent counsellors, and a good many of them too, that all sections of the State may be fairly represented.

Dr. Jarvis, of Dorchester, delivered a learned discourse relating to the laws of life. As the manuscript will soon be in the hands of a publisher, it is hardly worth while to attempt a synopsis of the speaker's subject. Dr. Jarvis has no rival, in these parts, in the particular order of statistics

to which all the powers of his intellect are given. Whether he really entertains the opinion that a man should be summoned before a court of inquiry to ascertain why he is sick, or the cause of the premature decay of his physical powers at the age of only 100 years, is not known; but it is very certain that the doctor is striving, with the whole strength of a cultivated, philanthropic mind, to persuade people not to violate the laws of their nature, and that health, happiness and usefulness are matters very much within their own control.

At Faneuil Hall, Mr. Wright served up an excellent dinner—much superior to the entertainments prepared on some former occasions, and which elicited the general commendation of the company. Dr. Ware, the President, was exceedingly happy in those introductory observations which were designed to move the social elements. For beauty of thought, elegance of diction, and appropriateness, the speech of the Rev. Chandler Robbins, the officiating clergyman, was universally admired and applauded. No stimulus but water was used, and it was apparent that hydrostatic pressure is the only power necessary for putting in motion an ocean of wit, repartee, and refined hilarity.

In the evening Dr. Ware received, with the most cordial hospitality, at his residence in Tremont st., the profession of the city, medical strangers, and those identified with the science of medicine. The Society has again honored him with the highest official position within its gift, as will be seen by the following list of officers for the present year:—John Ware, *President;* Joseph Stone, *Vice President;* Charles G. Putnam, *Corresponding Secretary;* H. I. Bowditch, *Recording Secretary;* A. A. Gould, *Treasurer;* A. A. Watson, *Librarian.*

Dr. Andrew Mackie, of New Bedford, is to deliver the next annual address.

Committees of the American Medical Association.—Much desire is manifested abroad to know the names of the gentlemen on the several committees of the Association the present year. We are assured, that as soon as the records are made up by the Secretary at Philadelphia, and are in a suitable condition for the public, they will be published. A few weeks at farthest will suffice, it is believed, for systematizing the numerous papers that must have accumulated during the session. An error occurred, we are told, in the name of one of the chairmen of committees, as published in the Journal a fortnight ago. As soon as a correct list is obtained, that error, and any others that may have occurred, will be rectified.

[Since the above was written, the Philadelphia Medical Examiner for June has been received, containing a corrected list of the Standing Committees, which we shall endeavor to find room for next week.]

Valerianate of Morphine.—Dr. Wyman, of Cambridge, near the University, has shown us a beautiful specimen of this elegant preparation, valerianic acid and morphine, manufactured in that city at the Lawrence laboratory. It has been tried partially, and is believed to combine the properties of the two articles. If Dr. Wyman would favor the profession with his experience in the use of this new combination, he would confer a special favor.

Epidemic Cholera.—Messrs. Ticknor, Reed & Fields, have opportunely brought out the following work, viz.:—"Treatise on Epidemic Cholera;

being lectures delivered under the authority of the Faculty of Medicine of Paris, by Ambrose Tardieu, M.D., &c. Translated from the French, by Samuel Lee Bigelow, M.D., with an Appendix by a Fellow of the Massachusetts Medical Society." We discover, by a prefatory note, that Dr. Wm. W. Morland, of Boston, is the gentleman to whom the public is indebted for the appendix, a large, and, according to our individual opinion, the best part of the whole book. It would be a perfect waste of time, in this cholera epoch, when every one has a remedy, or rather treatment, of his own, and no one acknowledges any author extant as a guide in the matter, to attempt to convince our readers that any one work on this disease is better than another. In assuring them that this is truly a learned and excellent book, it is proper to say further, that now is the time to consult it, if ever. It has the seal of approbation from very eminent physicians in Boston, Salem and elsewhere.

Register of Cases in which Ether was employed at Morton's Letheon Dental Establishment, 19 *Tremont Row, for the week ending June* 1, 1849.

Sex.	Age.	Number of Teeth extracted.	Quantity of Ether used.	Time of Insensibility.	Time of Recovery.	Temperament.	Pulse at commenc. and end.	Remarks.
Male.	29	4	½ oz.	2 m.	2 m.	Sanguine.	82—110	Quiet.
Female.	18	1	1	3	1			Laughter.
Male.	10	4	1	2½	1½	Lymphatic.	80—90	Quiet.
"	25	4	1	3	3	"		"
"	18	2	1	1¾	1	"	quick'n'd	"
Female.	21	2	1	1½		Common health	100—120	Trembling.
"	33	1	1	½		"	80	Conscious but insensible.
"	18	1	1	1½	1½	"	130—120	Quiet.
Male.	21	3	1½	3	2	"	100—100	"
Female.	25	3	1	3	1		80	"
"	18	2	1	1½	1½		100—110	"
Male.	21	Destroyed 4 nerves.	2	3	6	Very Nervous.	160—100	"
"	30	1	1	3	1	Sanguine.	80	"
Female.	20	1	1	2¾	1	Weakly.	58—120	Perfectly quiet.
"	34	1	½	1½	3	Nervous.	130—80	" "
"	32	6	2	5	5	Lymphatic.	80—90	" "
"	40	10	1	2	4	Weak and nervous.	70—80	Quiet, yet subject to spasms.

To Correspondents.—The remarks of J. E. L. and of Dr. King on the remedy for quackery proposed by Dr. Skinner, in a late number of the Journal, have been received. A correspondent in this city also calls our attention to an article in the Illinois and Indiana Medical and Surgical Journal, by Dr. A. W. Benton, of Sterling, dated January, 1848, proposing the adoption of the same plan. If space can be spared, this article will be copied hereafter. Dr. Hill's case of Dropsy, and E. S. R.'s notice of a new work of art by Mr. Bracket, the sculptor, are likewise on hand.

Married,—Dr. E. T. Wilson, of Taunton, Mass., to Miss C. Peckham. At Rochester, N. Y, Dr. Henry A. Langworthy to Miss C. Waters.

Died,—Near Cincinnati, Dr. Jonathan Hubbard, formerly of Maine, 69.—At Tyngsboro', Ms., Dr. Augustus Pierce, 47.—At St. Louis, Mo., Dr. Thomas H. Perry, formerly of the U. S. N.—At Jeffersonville City, Dr. Stevenson, of Jeffersonville, Ia., of cholera.

Report of Deaths in Boston—for the week ending June 2d, 77.—Males, 41—females, 36.—Of consumption, 17—scarlet fever, 11—typhus fever, 1—lung fever, 1—dropsy on the brain, 5—child-bed, 2—inflammation of the bowels, 4—marasmus, 1—debility, 4—infantile, 3—measles, 3—dropsy, 3—inflammation of the brain, 1—congestion of the brain, 1—disease of the head, 2—erysipelas, 1—croup, 1—teething, 2—cholera morbus, 2—cramp, 1—old age, 3—brain fever, 1—hooping cough, 1—dysentery, 2—epilepsy, 1—diarrhœa, 1—pleurisy, 1—convulsions, 1—executed, 1—gastro-enteritis, 1.

Under 5 years, 29—between 5 and 20 years, 16—between 20 and 40 years, 17—between 40 and 60 years, 10—over 60 years, 5.

Hints to Dyspeptics.—"*Golden rules of health and hints to dyspeptics, with reference to exercise, air and temperature,*" is the title of a 12mo, of 165 pages, published for the author, Joel H. Ross, M.D., New York. Some good suggestions are to be found in this treatise, and appropriate observations, indicating familiarity with the subject of dyspepsia. But there is a certain indefinable something wanting to give the book that tone which would make it sought by the first class of minds. We have not a disposition to find fault with Dr. R.'s efforts, nor should the benevolence of a gentleman be called in question, who disposes of good books at twenty-five cents a-piece. Some queer expressions find place, especially on the 30th page, in the colloquy between Mrs. A. and Mrs. B., over a cup of coffee.

Gun-shot Wound—Narrow Escape.—Dr. William Lindsay, of Donnelsville, has sent us an account of a case of gun-shot wound that occurred in his practice some years since. On the 27th of Nov., 1844, he was called to see the young man who was the subject of the accident, a son of Mr. Jacob Snider. While blowing into a rifle which he firmly believed was not loaded, he had the temerity to place his foot or great toe upon the hammer of the lock, and springing it. the piece exploded. He immediately fell, as though dead, but soon recovered the use of his faculties and limbs. On examination, it was found that the two front incisors of the upper jaw were gone, and that the ball entering there, had passed upwards, almost exactly in the median line, that is to say, the ball entered the socket of the right incisor, with a slight inclination to the left, perforated the septum, and, entering the frontal sinus, made its appearance under the skin and periosteum, about three-fourths of an inch above the superciliary ridge, and a few lines on the left of the median line. The skull was fractured by the outward passage of the ball, but the brain did not seem to be at all affected. There was some hæmorrhage from the mouth and nose, and an oozing of bood from the inner canthus of the left eye. One tooth was discovered and removed from the wound some days after the accident, the other was not found. Small spiculæ of bone came from the wound at intervals; and some six weeks after the accident, Dr. Lindsay removed a portion of dead bone from high up in the left nostril. The ball was, of course, removed, and with it the "patch," and the wound properly dressed. No untoward symptoms occurred, and the young man speedily recovered.

The only remarkable circumstance about this case is, the very fortunate direction and lodgment of the ball. Had the young man's head been in almost any other possible position, he must have been instantly killed. As it was, the ball kept so near the median line as to avoid all important vessels, nerves and organs. It probably did not enter the cavity of the brain at all, else there would have been more disturbance of the cerebral functions. The young man had a most fortunate escape.—*Ohio Med. and Surg. Journal.*

Neglect of Vaccination.—During the session of the Pennsylvania Medical Society, last month, Dr. Kittoe made a statement in behalf of the Lycoming County Medical Society, of the prevalence of smallpox, and the general neglect of vaccination throughout the country, together with the draft of a bill providing for a general plan of vaccination, and a petition to the legislature for the passage of the same. A resolution was adopted approving of a plan of universal vaccination throughout the State, and recommending the granting of authority, by the legislature, to the several counties, to provide the means for such vaccination within their respective limits.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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THE EVILS OF QUACKERY, AND ITS REMEDIES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In Number 16 of the Journal I have read, with much satisfaction, a well-written article upon the subject of quackery, by J. F. Skinner, M.D., of Vermont. The evils of which he complains do certainly exist to a very great extent, and it is really mortifying to think upon them. The whole atmosphere has become darkened, and dust is cast in the eyes of the public. The press has been suborned, and is spreading its miasm through a thousand channels. Newspapers, almanacs, pamphlets and handbills, filled with the grossest falsehoods, are scattered broad-cast through every town and hamlet, far and near. Their effects are seen and felt all around us. Confidence in scientific means is much impaired, and whole communities have gone a whoring after quackery. Proprietors and venders of nostrums become rich, and the poor invalid spends his last breath in a chase after some *ignis fatuus*, whilst the honest and intelligent physician is often left to pine in poverty and die in obscurity. Homœopathy, hydropathy, neuropathy, isopathy, mesmerism, Thomsonism, and numerous other *pathys* and *isms*, are received and adopted by great numbers who ought to know better. The cultivation of the mind and the diffusion of information appear to have little or no effect in correcting the evil. Facts and arguments, and appeals to reason, are ineffectual. The serpent has made its way from the nursery of the humble to the bed-chambers of the great. Perhaps the sun never shone upon a more intelligent people than the present inhabitants of New England, and certainly quackery was never more rife everywhere. At the first view there seems to be a mystery in this, but a little reflection will soon clear it up.

Man is partly the subject of reason, and partly of inclination. His conduct is the result of both. Sometimes one, and sometimes the other, predominates. Reason is not always in exercise. But instinctive propensities and antipathies are never wanting, and to their influence must we look for the thousand follies and inconsistencies with which human life everywhere abounds. With all classes, the idea of a doctor is associated with sickness and distress. The very thought is repulsive. Emetics, cathartics, bleeding and blistering, and numerous other nauseous or painful operations, start up in imagination at the sound of a name. This

repugnance is often heightened by early culture. Before the child is learnt to say his infant prayers, he is taught to dread the doctor. He is told that the doctor will come to bleed him, or cut off his ears, if he is disobedient. To the mind of the child the doctor becomes an odious being. This early impression is seldom wholly effaced in after life. The feelings and sentiments of most men appear to be of the same character, and nothing but the urgency of pain or apprehension of danger will induce them to seek relief from such a source. Perhaps the experience of the individual has heightened this disgust. The physician with whom he is best acquainted may be uncouth in his manners, vulgar and indelicate in his language, slovenly in his dress, and harsh and unfeeling in his treatment. The most common observer may see that he is not infallible; and, worst of all, he may make no positive promises of cure, or the invalid himself, laboring under some protracted or incurable malady, may have already become discouraged and faithless in all scientific means. If, under some such circumstances, quackery proffers its aid, it is likely to receive a hearty welcome. And is this strange? On the one hand every thought is odious and painful; whilst, on the other, quackery promises a speedy cure by the most easy and delectable means. Is it strange that in such circumstances the patient should yield to his strong instinctive propensities, and consent to take some sweet panacea or sugar-coated pill, or sip infinitesimal doses of sublimated nothing, when he is told that it cannot hurt, but will surely cure him? Is it strange that in such cases men sometimes give themselves up to the treatment of some vagrant imp, when he comes in the garb of an angel of mercy, with words of compassion and assurances of cure?

There is in the human mind a strong propensity to grasp whatever is marvellous. This has manifested itself in every age, and in all states and conditions of society. It may be modified, but is not eradicated by intellectual culture. Men seem to delight in embracing visions and riding upon phantoms. In the early ages the medical art was but little better than necromancy. The ancients had their incantations, their abracadabra, their charms, and their amulets. These have long since been done away with in form and in name, but their essence is still retained, and shows itself in the present age, in the shapes of homœopathy, mesmerism, Indian skill, and in a thousand other transcendental humbugs.

The strong antipathy which the public entertain towards educated practitioners is sure to manifest itself in every prosecution for mal-practice. The case of Francis Conant *vs.* Peter Manning, recently tried at Lowell, is an example of that kind. A similar disposition is often seen in legislative bodies. Whenever a few ignorant empirics apply for an act of incorporation which shall recognize them as a scientific association, on a par with the most learned institutions of the country, and admit them to all the honors, privileges and immunities of such societies, they often find plenty of advocates, ready and anxious to grant them all they ask; and if any opposition is made to such applications, the miscreants cry out persecution! A portion of the public seem determined that quackery shall go unrebuked, and that ignorance and fraud shall receive the respect and enjoy the rewards due to learning and merit. And not satisfied

with this, the law which holds the licensed practitioner pecuniarily responsible for his professional acts, releases the common quack from all accountability.

Notwithstanding all the improvements that are constantly making in medicine and its collateral sciences, and the great increase of labor, study and expense now required of the graduate, the value of the profession to its members, its public standing, and its influence in society, have much declined. Any one who chooses, assumes the title of doctor, and the public appear to make little or no distinction between the shoe-maker or brewer of yesterday and the man who has devoted his whole life to the studies and labors of his profession. Everybody knows that the young man must serve his time and learn his trade before he can make a watch, cut a coat, or practise successfully any mechanical art. Every one knows that no rude, unpractised hand can make melody on the organ or piano. But many seem to suppose that very little knowledge is necessary to tune this "harp of thousand strings," or put in order this most complicated and wonderful system of organs. For this superhuman task, the wild man of the forest, or the wilder quack in society, is deemed amply qualified. Illiterate men are every day laying aside their tools, changing their dress, and going about to offer their services to the public in the capacity of doctors; and it is a mortifying fact that such men are patronized. Thick as the frogs of Egypt, they may be seen burrowing in every nook and corner of the country. Nostrum-making and nostrum-vending have become important items in yankee enterprise. The poor widow parts with her last mite for a bottle of sweetened water called *sarsaparilla*, and the miserable hectic lets go his last dollar for some pretended sanative that hurries him along to the gates of death.

Every good physician and every genuine philanthropist deplores this state of things, and would rejoice to find a remedy; and your Vermont correspondent proposes that competent physicians prepare good medicines and place them in market, so that they may take the place of much of the vile trash now sold. This suggestion, doubtless, proceeded from good motives, and some may think it a proper course; but in my view there are many strong objections to it. Perhaps few men are aware of the immense capital invested in the nostrum business. It extends over the whole United States. The shelves of apothecaries, grocers, confectioners and barbers, groan under the weight of bottles, boxes and packages of this sort. They are sold from the pedlar's cart in the street, and are carried from door to door in trunks and baskets, and it is probable that the whole capital employed in this nefarious trade exceeds the whole amount required to carry on all the whaling business in the United States. This being the case, no successful competition could be expected from the employment of a small capital.

Another objection is, that medicines, prepared by physicians of learning and experience, and placed in market without any false recommendations or fraudulent certificates, would never sell. Purchasers generally select such articles as carry along with them the greatest number of the greatest lies; and in such a competition no honest man could expect to succeed. It is really surprising to what an unblushing extent fraudu-

lent certificate-making is carried. Many of the signatures are fictitious, and were never given by anybody. Some have been given just to oblige a friend, or get rid of a troublesome importunity. Others have been surreptitiously obtained; and many persons, whose names are now going the rounds of the daily papers, certifying that they have been cured of some grave disorder, have long since died of that same disorder. And the publishers of newspapers, for a liberal compensation, often consent to puff the most worthless preparations. In order for a medicine to sell well, there must be some mystery about it. Its composition must be unknown. Perhaps the pretended secret remedy used by some deceased practitioner, some Indian cure-all, or German preparation, or the syrup or extract of some canchalagua, or other foreign root or plant. Proprietors and patentees of nostrums always caution the public against counterfeits, whilst they themselves are the greatest counterfeits in existence.

But if it were possible to substitute good efficient preparations for the many worthless compounds now in use, it is quite doubtful whether it would be of general benefit. Unprofessional men would not be competent to prescribe active medicines for themselves or friends. They would not and could not know what preparation they ought to use, and they would therefore be obliged to consult a physician, or be in danger of using a wrong medicine. Much mischief is now done by such means, and much more would be done if many of the nostrums now in use were not almost inert, neither capable of doing much good nor harm, and just about as well adapted to the cure of one complaint as another. Of this class are most of the preparations of sarsaparilla, and many other articles. Now if people will, of their own accord, be constantly taking medicine unadvisedly, the more inert it is, the better. Let them, if they will, satiate their cravings with sweet infusions of pipsissewa, sarsaparilla, tomato and dandelion, which, taken *ad libitum*, will have little effect, except upon the imagination and the purse.

I presume that your correspondent had not fully considered the plan proposed, and that upon further consideration he would himself abandon it. Such a course would detract from the dignity of the profession, degrade it in the eyes of the public, and bring it down almost to a level with quackery itself. It would be like entering the arena of a gladiator to fight with wild beasts; and however much we may regret the present state of things, we cannot expect to remedy them by such means.

Whilst enumerating the various causes that have contributed to bring the profession into its present condition, I purposely deferred, to this place, the mention of one other important cause. This cause is to be found at home. It lies at our own doors, and is in and among ourselves. Great numbers have got into the profession with few or no qualifications for it; some without a sufficient preliminary education, and many with very imperfect professional study. The libraries of many instructers have been very defective, and their talents for teaching meagre. Many young men have been initiated into the profession without any adequate knowledge of its requirements. The acquisition of a diploma was the chief object of their study. This obtained, they have no further use for medi-

cal books. Perhaps they read nothing at all; or, worse than this, fill their heads with the nonsense of Dickens or the phantasms of Bulwer —or, not having sufficient professional employment, they devote a part of their time to other pursuits, which tend to disqualify them for their own avocation. Practice and experience, unaccompanied with reading and reflection, do such men but little good. Their medical horizon soon becomes very contracted. A few things comprise the whole of their system of therapeutics. Perhaps the lancet, mercury, antimony or opium, are the great guns that they always fire on all occasions. Salts and senna, rhubarb and soda, with some extraordinary pills, powders or plasters of their own compounding, make up the sum of their daily prescriptions; and whoever sends for a physician of this sort expects to be bled, blistered or vomited, or submitted to some other painful or nauseous medication. And who can blame any one, if, in view of such treatment, he should prefer to taste sugar mites or to seek relief in the downy arms of homœopathy? Perhaps physicians generally are too inattentive to the daily improvements of the science. Their private libraries are seldom what they ought to be, and their means of information defective. Many take no medical journal, and seldom add a new volume to their scanty stock of old books. Such men seem to suppose, that having cyphered clear through the book, there cannot be anything more for them to learn. What would be thought of an attorney who gave up reading law books? or a politician who read no newspapers? Such men must certainly be behind the times. If intelligent physicians desire to overthrow quackery, let them endeavor to live it down. Let no smell of it be upon their own garments. Let them discard all quackery and quack medicines. Let them endeavor to make the calling what it should be, elevate it to its proper station, and give it its just influence. Let each one resolve that he will do his duty faithfully, so that the vocation shall not be disparaged by him. Let him devote his time and thoughts to it, and see that his information is posted up to the present hour. When he sits down at the bed-side of a patient, let him feel conscious that he possesses a knowledge of all known means for his relief, and let him see that they are timely and faithfully employed. Let him cultivate all the moral and social virtues. Let gentleness and kindness attend all his intercourse with the sick, whilst the strictest virtue and most perfect integrity are always observed. This is the way to destroy quackery. These are the sure and only remedies. DAN KING.

Taunton, June 1st, 1849.

DR. SKINNER'S REMEDY FOR QUACKERY.

[Communicated for the Boston Med. and Surg. Jour.]

IT is pleasing to notice, that while medical men, and medical associations, are taking cognizance of the continued progress and success of quackery, in all the magnitude and multitude of its deceptive forms, as practised upon a credulous, medicine-loving community, they do not cease to lament the enormity of the evil—some proposing one remedy,

and some another. We like Dr. Skinner's remarks upon the different forms of quackery, together with its evils; and yet we cannot believe his proposed remedy a wise, honorable, or politic one, for the profession to adopt, or one calculated to succeed.

Let medical men or medical associations, prepare, or sanction the preparation, of a medicinal compound, to be placed on sale for the cure of disease (the patient being his own prescriber), and they to all intents and purposes rank themselves (and the public will not be slow to accord them the honor) with "Indian doctors," "botanic physicians," &c. &c. No matter if their motives, like those of their cotemporary quacks, are "not for the sake of gain"; it would be difficult for the educated physician to convince the ignorant members of the community that there was a difference in the principles or motives of the regular, scientific practitioner and those of the one who styles himself "eclectic," "reformed," "electro-magnetic," or who assumes any other title for the sake of notoriety or pecuniary profit. But, in fact, were the medical fraternity thus to level themselves with these despicable, duping pill-makers, and syrup-venders, their medicines would not acquire so extensive a sale or reputation as those of the latter, from the fact that the unprincipled *quack* will go far beyond the point which the *honor* or *honesty* of the regularly-educated M.D. will allow *him* to go, in the matter of giving publicity to his remedies, by advertisements, *assumed* recommendations, &c. A medicinal compound, *fairly* and yet *truly* pretending merits in the cure of a particular disease, would scarcely obtain the looking at, by one of the wholesale medicine-eaters who throng every community. (And yet the honor and integrity of the Massachusetts Medical Society would be placed at extreme hazard, by one of its members advertising a curative agent for sale, and according to it more than this common meed of praise.) But if by its side stands another concoction of roots and herbs, pretending to have cured thousands of the "ills to which flesh is heir," and promising to effect even more in the future, with a solemn, pitiful injunction to "take care of that cough," "beware of the impurities of the blood," &c., the article is purchased, taken home, and if the patient's ill has been an imaginary one, and his faith in the efficacy of the medicine is sufficient, he is cured, or his condition so much improved that a few more bottles completely restore him. And yet if he is of an hypochondriacal turn of mind, his eye will soon fall upon some pamphlet detailing the symptoms of a multitude of diseases, and their *positive* cure by some wonderful panacea, when he will be sure to find himself laboring under a decidedly bad "liver complaint," or something worse, and so again he goes to dosing.

Now it seems to me impossible for honorable and scientific men to meet and cope with unprincipled quacks, on their own ground; for in concocting a medicinal compound for sale, it will most surely rank itself among *specifics*, even if its originator does not place it there. And no medical man, of deserved repute, is a believer in *specific* remedies. No honorable man can recommend the general adaptation of a particular compound to the cure of different diseases, or different cases of the same disease; for he must have regard to peculiarities of consti-

tution in different individuals, as well as to the different stages of the same disease, and likewise its complications. Besides, this wholesale method of dispensing medicine, even in slight indispositions, acknowledges the patient's ability to diagnose his own maladies and prescribe for them, and in this way might not the more serious and fatal maladies be often mistaken for the slighter ills, until even medical skill and acumen would be applied too late.

But aside from the possible event of such an *occasional indiscretion*, and aside from the levelling, degrading character the course under discussion would give to members of the medical profession who tolerated it, the writer believes that, instead of *doing away* with quackery, it would only countenance and give it a more extended and respectable career; for to stolen honors, would be added the gratuitous bestowal of character for knowledge, skill and research, earned by years of toil and perplexity in the practice of duty with honest purpose. Such an acquisition of medical talents and skill, to the corps of doctors practising quackery, would cause this "unclean beast" to croak even more loudly, and, with its new assumption of power and influence, ingratiate himself still more strongly in the favor of a credulous community. No! such a course would be too degrading to be countenanced by respectable men, with so little hope of success; for, according to the old maxim, "union is strength."

And yet I would not despair of opposing successfully this moral as well as physical evil. Let the united voice of every respectable physician in Massachusetts proclaim its testimony to the evils of quackery; and would there not be power enough in that voice to induce the Legislature of this enlightened State, at least, to impose a tax upon every pill-box and sarsaparilla bottle, labelled and sold by unlicensed hands? To be sure we should be accused of seeking self-protection; but such an accusation could be *reasoned* away.

There is a class of itinerant, disgusting, self-styled doctors, who are nuisances in *any* community, constantly in motion, stirring up the stomachs of a set of idle tattlers, too lazy to work, and yet in just a proper condition to swallow pills and syrups with activity. Indeed, it is strange what a collection of the scum of society will assemble around the place of rendezvous of these "travelling doctors," immediately after the circulation of their flaming hand-bills. And yet those very people one would never think of calling sick; but in a few days or weeks the *regular* must listen to a most pitiable tale of suffering endured by them perhaps for years. The "Indian doctor" "had at once seen they wore an" unhealthy countenance, and began to tell them just how they felt, without feeling their pulse, or looking at their tongues, "and then his medicine helped them, right off."

Now how long shall the community be imposed upon by such intolerable knaves? And the imposition is as much upon the *purse* as upon the *credulity* of the people. The laws of the State would forbid my going about from town to town, and from house to house, to sell articles of merchandize, without the payment of a certain fee, for the privilege of so doing; and yet how is it that these unprincipled persons are per-

mitted to come into this or any other community, and draw largely upon its purse, without giving any equivalent therefor, and without purchasing a right of the public guardians for thus duping and cheating the people? Truly this is, in one sense, a land of *equal privileges*, but in another respect one of *unequal protection*. What should oppose the passage of a law by our State Legislature, imposing a tax upon these medicine-mongers, sufficiently large to reduce the measure of their gains? Surely a list of grievances, sufficiently long and intolerable, could be framed by us, who are placed in a situation to observe to what extent the people are the victims of these lawless men.

But the moral sense of the more intelligent portion of the community *must* be arrayed against the evil. And here let me express the opinion, that publishers of newspapers, especially those strictly religious, *might* be our coadjutors in this work of reform. Let them utterly refuse to advertise any patent or quack medicine, and let such refusal be made known to their patrons (advice, perhaps, more easily given than readily accepted). Yet it would seem they might be thus persuaded, if strictly honest in their pretensions of being good and doing good. For can it not be made to appear, that in advertising, as they now do, the so-called patent medicines of the day, they are giving publicity and *countenance* to statements utterly false, and that, too, for hire?

But the people at large, the consumers of these pills and syrups, must be particularly appealed to. It is believed that the different systems of practice can be so explained to *them*, as to enable them to distinguish between any particular form of quackery, and the exhibition of science in the practice of medicine. It is believed they can be made to see there is no *difference* between poisons *as such*, whether vegetable or mineral; and when that can be thoroughly accomplished, all *exclusively* vegetable systems of practice will vanish, and speedily be numbered among the "things that were." It is believed that they can be persuaded to pay more attention to hygienic rules, and *dose* less.

But how can the people be reached in these matters? Why, surely it is an established truth that a physician, in the true sense of the word, is a philanthropist. Let, then, a body of physicians, either State or national, raise, by subscription or otherwise, a fund, a part of which shall be appropriated as a prize to be paid for the best *popular* exposition of quackery, adapted to the reading of the common people, and the remainder for its publication in a cheap form for gratuitous distribution. Now is not this a feasible plan for the suppression of an evil which cannot be finally conquered until we, as a profession, shall cease to fret and begin to act? J. E. L.

East Douglas, Mass., May 26, 1849.

NEW REMEDIES AND NEW TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following new remedies, and new treatment of certain diseases—new to the profession, so far as I am aware of—I have tested in

practice and found highly efficacious. Knowing their value, I submit them.

I. *Camphentine.*—Make a saturated solution of oil of turpentine and gum camphor. Turpentine is a great solvent of camphor, requiring for a saturated solution nearly the following proportions:—Oil of turpentine, 1 ounce; gum camphor, 5 drachms. For want of a better name, I call the solution camphentine; it is at least suggestive.

Uses.—1. *Externally*, as an application in affections purely nervous—very rare cases, by the way. With many of those nervous pains occurring during pregnancy, it acts like a charm. Rubbed upon the head and around the neck, it frequently cures nervous headache. 2. *Internally*, in some cases of neuralgia and rheumatism, it would undoubtedly prove highly beneficial, but as it must be a powerful medicine, I have been very cautious in its use. I have used it in two cases only, and with success, in doses of two drops on sugar. 3. In liniment.

II. *Camphentine Liniment.*—R. Camphentine, camphorated oil, aqua ammonia, quad., āā equal parts. M.

This liniment is, probably, unsurpassed by any for the removal of pains, inflammations, sprains, lameness, spinal affections, &c.

III. *Mullein Seeds.*—R. Strong decoction of mullein seeds, French brandy, āā equal parts. M.

This lotion, rubbed upon the spine, I thought unequalled for all spinal affections, until I got up the camphentine liniment.

IV. *Corns, Bunions, &c.*—R. Oil of turpentine, 1 ounce; table salt, 1 teaspoonful. M.

Applied to enlarged toe-joints, or to itching feet, it gives immediate relief, and its continued application soon cures. Applied to corns, it frequently relieves and often cures.

V. *Inflamed Breasts.*—Place upon the breast a piece of flannel wet with *hot* water, and cover it completely with oiled silk. Renew occasionally. Or, in severe cases, take a tin basin, make four *small* holes in its bottom, then invert it upon the breast; lay a wet cloth upon it covered by a dry one, and hold a flat or andiron upon it, as hot as can be borne, which drives the steam in upon the breast. Afterwards use the wet flannel and oiled silk. This treatment, properly and energetically pursued, will cure every case of inflamed breast, however severe the attack may be.

The same treatment, applied to the lower part of the bowels, restores *suppressed lochia.* The same also enters largely into the true principles of treatment for inflammation of the bowels, of the bladder, of the uterus, of puerperal fever, phlegmasia dolens, &c.

VI. *Hen Oil* should seldom, if ever, be used internally. Used externally it is very relaxing. Rubbed upon the throat, in croup, it appears to loosen the phlegm, and frequently gives great relief. Rubbed upon the bowels, it is a powerful preparatory parturient—too much so, if long continued.

VII. *Relaxing Liniment, or Preparatory Parturient.*—R. Hen oil, 2 ounces; olive oil, 2 ounces; crystallized soap, pulv., 1 drachm; borax, pulv., ½ teaspoonful; alum, pulv., 1 do.; table salt, 2 do. M.

Keep it very warm, and agitate well for a long time till dissolved.

This liniment, rubbed upon the bowels and labia pudendum, two or three times a-day, for two to four weeks before confinement, produces a wonderful effect, causing a very easy and quick labor, with comparatively little pain, and leaves the mother in a condition that enables her to recover remarkably quick and well; or, to use a common expression, to have a "good getting up." Under its use labor would not ordinarily occupy a fourth of the time, and mothers would not suffer a tenth part of the pain they usually do. The only possible objection to its use, that I can conceive of, is, that frequently "the child would be born before the doctor could get there." In those cases where it is desirable to induce labor at seven months, the free use of this liniment, for a month or six weeks previous, will contribute greatly to the desired effect, and will frequently accomplish the object unaided.

Good, also, in some cases of irritation, engorgement, and hardness of the cervix uteri.

VIII. *Inflammation of the Stomach.*—R. Sarsaparilla root, 1 ounce; water, 6 ounces. Simmer in a covered dish to three ounces, press, strain, and add honey, 1 ounce; tr. lavend. comp., 1 drachm. Dose, teaspoonful four or five times a-day. For irritation and inflammation of the stomach, particularly in recent cases, this is sovereign, and, so far as my knowledge extends, unequalled. In severe cases, let the patient take nothing else into the stomach but *rice water.* In those cases of irritable stomach that sometimes occur during the latter stages of pregnancy, this is an effectual remedy.

IX. *Morning Sickness.*—Much has been said in relation to, and many remedies attempted for, the "morning sickness," or periodical sickness at the stomach and vomiting that frequently occurs during the earlier stages of pregnancy. A somewhat celebrated popular lecturer, I am told, recommends to his hearers the use of Champaigne as a remedy! Is it the *best* remedy? And is it advisable that it should be generally used for that purpose? Without descanting upon the theory of disease, or the *modus operandi* of the remedies—for were I to do so, these articles would extend to a volume—I would merely remark that I never saw a case of this affection that the patient was not bilious; hence the remedy—R. Hyd. chlor. corros., half a grain every morning for two or three mornings. This is a disagreeable medicine, and the patient feels mean and disagreeable while under its influence; but it is only for two or three days, after which the patient is well. I have never known this remedy fail where the least attention was paid to diet. It is possible there might be cases where I should afterwards use the stomach medicine (see VIII.) or an infusion of coltsfoot.

X. *Diabetes.*—Diabetes being a disease, not of the kidney, but of the blood, whereby the blood is converted into a peculiar quality of urine, something is wanted to prevent this change of the blood, and to restore it again to its natural state. Sweet apple-tree bark possesses this power in a great degree. The following is the best combination and form of administration;—R. Sweet apple-tree bark, 2 lbs.; wheat bran, 2 lbs.; flax-seed, 1 lb.; water, 1 gall. M. Boil to half a gallon; press and strain. Dose, a wineglassful three times a-day, an hour before eating.

The continued use of this medicine will, in recent attacks, cure, and in any case retard the disease and prolong life.

XI. *Fits.*—Apply *cold* by means of a tin basin filled with cold water, covered with oiled silk and inverted upon the epigastrium..

XII. *White Maple.*—(Acer eriocarpum). *Scarlet flowering Maple* (A. rubrum).

These two kinds are frequently confounded. The true white maple is but little known in New England, while the scarlet flowering maple abounds on the borders of streams or in swamps. The bark of the trunk is grey, with large whitish spots, and is frequently called the soft maple or swamp maple. The inner bark of this kind is the substance used.

Mode of preparation. Put some of the bark, cut in small pieces, into an *earthen* dish with water, and place it near a fire where it may keep warm. It should *never boil.* When the infusion is of the color of strong green tea, it is right for use.

Use. As an injection, it will be found one of the best remedies for all irritations, engorgments and weakness of the uterus, for menorrhagia, for some forms of dysmenorrhœa, and for weakness after parturition. It should not, however, be used in active inflammation of the uterus, nor until about three weeks after childbirth; after which its use would prevent all those cases of weakness and uterine difficulties so frequently consequent upon child-bearing.

Method of using. Inject the warm infusion, retaining the syringe in the vagina each time for about five minutes, so as to keep the infusion in contact with the uterus if possible: throw it up three or four times at one sitting, and repeat the process at least three times a-day.

XIII. *Green Tea in Uterine Affections.*—Strong infusion of green tea has been used as an injection in uterine affections, with considerable success, and by a few is thought to be so valuable a remedy, that they attempt to keep it a secret. Were its action fully understood, its efficacy could be depended upon with more certainty, the injury it may do could be avoided, its benefits increased, and it would not, perhaps, be so highly and blindly esteemed. It is an astringent, and acts as such upon the uterus; but whether it is better in that respect than other astringents, as acetate of lead and alum, admits of great doubt. Its long-continued use is productive of injury, as it shrivels, dries and corrugates the neck of the uterus, leaving it in an unnatural, unhealthy condition, causing sterility.

Its chief action is, however, of another kind, similar to its effects when taken into the stomach: but who can tell what that effect is? A "nervous stimulant," is perhaps answered. What is a *nervous stimulant?* What is its modus operandi? and why and wherein does this so differ from others of the same class? Briefly (for I must not trespass upon my prescribed limits, however new, interesting and inviting the theory may be), it increases the circulation of the *nervous* fluid, produces a free and even flow of the *electric* and *nervous* fluids, establishes their relative proportions, and destroys the undue preponderance of the electric over the nervous, which exists in, and is the cause of some uterine affections. Hence, in these affections, its administration is of great benefit; but its too free use would be productive of injury by destroying the equilibrium

again on the other extreme; that is, by causing the nervous fluid to greatly preponderate. When used, it should usually be for a week at a time only, remitting a week, so using and remitting each alternate week as long as may be necessary.

In certain conditions of the uterus, green tea is a valuable remedy, but its improper and long-continued use is productive of injury in two ways, as mentioned above, although seldom or never producing uneasiness at the time. Its judicious use requires considerable judgment, else it sinks to that class of remedies that "give relief, but do not cure." Its immediate effects are very grateful, and it often gives great temporary relief.

XIV. *Prolapsus Uteri.*—"Falling of the womb," "weakness," "a bearing down," "bearing down pains," as it is variously expressed by the women, is a very frequent disease, causing much suffering, and is seldom got rid of, although it may be very easily and readily cured. R. Hot water, 4 to 6 gallons; maple bark infusion, 1 pint; salt, half teacupful. Mix for a hip bath, to be used for 20 to 30 minutes at a time every day. Great care should be taken not to take cold after its use. Take, at the same time, one scruple, or half of an even teaspoonful, of ground mustard made into pills, divided into two doses, one to be taken every night and one every morning. The mustard has a direct and specific action upon the uterus in such cases. There may be, perhaps, certain states of the stomach attendant where the mustard would disagree; I have not, however, met any such cases, although I have given it where I should have said, *a priori*, that it would disagree. Should there be considerable uterine irritation present, use the injections of maple bark infusion at the same time.

The fomentation with oiled silk, the relaxing liniment, the maple bark infusion, the green tea, the hip baths and mustard, properly and judiciously used, will cure every organic uterine affection that I know of.

Such are some of my new remedies. I have studiously avoided giving theories and explanations as much as possible; else, instead of an article for a periodical, I should have had a volume. Hoping they may be the means of doing good to others, as I fully believe they may, I make them public. May I ask to have them tried before they are condemned? Whatever value they may possess, I have others still of much greater value.

EDWARD MATTOCKS, M. D.

"THE DROWNED MOTHER AND HER CHILD."

[Communicated for the Boston Med. and Surg. Journal.]

As everything that pertains to mind and matter comes within the scope of medical investigation, and yields either directly or indirectly to insure in a degree the great end of the profession, I trust that the following notice may not be deemed ultra, should it find a place in your Journal. Although the study of the physician is nature, in its diseased and healthy condition, still he is obliged, by the early and continued departure of our race from those natural laws designed for the regulation of its mental and physical being, and the adoption of artificial habits, to draw counter information from every source that comes within his reach. The medi-

um for the selection and application of suitable aids in the preservation of our physical existence, is mind. And in accordance with its healthy display, are we enabled to preserve unity in the organic operations of our being. As mind holds intercourse with the external world through our senses, and possesses the power of self-restraint, its impressions admit of selection and control. The possession of this attribute gives the power of improvement, when impression is coupled with reflection ; in view of which, I would call the attention of the medical profession to a work of art produced by E. Bracket, sculptor, representing A Drowned Mother and Child, which for conception and beauty of execution is rarely equalled. Indeed, should he complete the work in marble, it cannot fail to place him in the front rank of his profession. But my present intention is to speak particularly of the impression conveyed by his skilful imitation of the pathological signs of the death that he illustrates, which, from their perfection, give truthfulness to the subject, and serve, in an eminent degree, to impart a feeling of reality in the mind of the beholder.

The study of the anatomist is in detail, and he looks with indifference upon his subject, as the recent tenement of the soul. Dissection, in its general bearing, partakes too much of mechanism ; we hold its object too slightly in view. The dissector looks upon his scalpel as the aid by which he is enabled to unravel the skilful combinations of nature, and study the system in its adjunct parts, with reference to mechanical cause and effect. He has learned the almost invariable location of each organ, and general relation of parts, and with reliance upon the uniformity of nature's work, can describe their situation and influence when concealed beneath their outward garb of flesh. But however well skilled he may prove in the investigation, the motor power with which the human system is influenced, in accordance with will, still evades him. The principle of vitality, and its relation to mind, is of too ethereal a nature ever to come within the scope of material investigation. It is evidently the barrier placed between human existence and immortality. A knowledge of its source and peculiar character would endow man with the essential attributes of the Creator. But we are still human, and cannot fail to recognize, through the essence of mind, a boundless existence, upon which man will ever prove dependent, although he may have been endowed with the ultimate principle of deity. The sculptor has the power to model a resemblance to "the human form divine," but he will never be able to endow it with vital energy—unless, indeed, the promised millennium should confer in a more extended degree the attributes of the Creator.

Mr. Bracket in his work, which does honor to his perception, has given us a representation of the Alpha and Omega of our existence. He has taken clay for his guide, bereft of the principle that distinguishes the animate from the inanimate, "The Drowned Mother and her Child." The volume of life is there presented to the reflecting mind in its most vivid and impressive form. He has attempted that which the sculptor is alone able to accomplish. The clay represents woman modelled in the highest conception of beauty. The child is supported by her left arm, and is the ideal of cherub perfection. Each present in their degree the pathological signs common to death by drowning. The anatomical

knowledge exhibited in the work is so perfectly in accordance with nature, that our impressions force us to believe that we contemplate the remains of mortality. To the medical man, who has become accustomed to death from loathsome disease, the study will serve, from the serene beauty of expression displayed—as if stamped by the last impression of soul with heaven in view—to remove his callous indifference of death, which is too frequently characteristic of his profession.

June 8, 1849. Yours truly, E. R. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 13, 1849.

Progress of Cholera.—Were it not for the purpose of registering the progress of the cholera, as it moves from point to point in this country, it would be hardly necessary for us to speak particularly of the disease. It is the universal topic in high-ways and by-ways, in the parlor and kitchen, and is discussed and re-discussed in all the papers and journals, from Maine to Mexico. This universality of excitement unquestionably predisposes the people to be preyed upon by the disease. Fear—a restless and undecided feeling in regard to determining how to act under the influence of a great impending calamity, weakens the powers of resistance, and the vital energies give way to a force that might otherwise have been readily overcome.

Cases of cholera have finally been recognized in Boston, but we are not apprehensive of much danger. If it is true that a granite region of country, thus far in the history of this scourge of modern times, has never suffered essentially from its introduction, then there is every reason for hoping that New England has no food for the pestilence. In the meanwhile, it is one of the curiosities of medical literature to examine the diverse theories in regard to the origin and nature of the malady—but still more curious, the thousands of remedies proposed for curing it. One prescribes opium, another opium and camphor in combination. Cayenne pepper and brandy, essence of peppermint, mustard to the extremities, warm baths, extensive and long-continued friction, &c. &c., are among the infallibles. But right in the face of this category, up comes the hydropathists, who have ascertained, beyond the possibility of doubt, that the only treatment, offering a prospect of relief, is cold water, scientifically applied. Wet sheets, according to their system of defence, fortify poor humanity against all assaults of the king of terrors. This doctrine, however, is looked upon with profound contempt by the homœopathists, who have no kind of difficulty in mastering the most frightful exhibition of symptoms with their doses of invisible infinitesimals. Another is steadfastly and immovably fixed in the opinion that electro-magetism is the agent nature indicates, and that the patient may sit in perfect security in the midst of the shafts of death, provided he is furnished with one of the last-constructed machines. Lobelia, under the skilful direction of the Thomsonians, was, also, according to their accounts, never known to fail, however terrible the cases might be. But after all, the eclectic treatment is the most admirable system of the whole. "Among the large number of cases treat-

ed by the eclectic faculty," at Cincinnati, according to their Journal for May, "but one death has yet occurred, and that was owing to neglect of medical treatment until the last stage of the disease had arrived."

Besides the self-styled never-failing modes of cure above enumerated, there are the do-nothings, and the constantly doing; to which may be added, a multitude which no man can number, who are constantly taking some infallible specific. A bottle is always to be found within reach, which the defendant is to resort to quite frequently, should he discover any extraordinary, unrecognized, startling symptoms. A physician seems no way necessary. If the patent composition is exhausted before relief is experienced, fill up all remaining space in the stomach with Mrs. Kidder's diarrhœa cordial, which was never known to do any harm. Finally, the true Boston system of warfare, quite as effective as any other, if not more so, is to form groups at the corners of the streets, and there boldly maintain that the doctors are all humbugs, and the city government is an anomalous mixture of old women and asses.

It is wonderful to witness the transcendant influence of these various devices for keeping off the cholera. So long as it is not permitted to scourge our city, the partizans of these modes of prevention and cure will doubtless raise the whites of their eyes with pious ejaculations of thankfulness that we live in an age of science and common sense!—an epoch in which the Asiatic cholera is, by their mode of treatment, made as harmless as the black vomit, of which no one was ever known to die, though thousands upon thousands have been frightened to death by its bare entrance into New Orleans and Havana!

Philosophy of Medicine.—Dr. Leconte's address to the graduates of the Medical College of Georgia is a good specimen of the author's powers. What he says on the subject of vital phenomena, is not only true, but elegantly expressed. The proof-reader deserves to have his ears pinched for allowing so many typographical errors to abound. Perhaps Dr. L. speaks too disparagingly of the present state of the science of medicine. Yet he says—"*From these several considerations, I think we may safely affirm that modern medical science is based on a secure foundation, and that it will ultimately attain to a degree of exactness which will be sufficiently satisfactory to the mind.*" The professor is a well-read man. His references show that he is a laborious inquirer.

Auscultation and Percussion.—A manual, by M. Barth and M. Henry Roger, of the Paris hospitals, translated, with additions, by Francis G. Smith, M.D., of Philadelphia, one of the editors of the Medical Examiner, seems to be well received. It is intended for a ready assistant in conducting examinations of the chest and abdomen. A second edition of a book is always a recommendation; but when it reaches a third and fourth, the coast is admitted to be clear, and those interested in it as property begin to reap satisfactory advantages from the enterprise. This, therefore, may be considered as a prosperous undertaking. And why should it not be? In part first, there is an article on auscultation, worth the entire cost of the volume. But it is the minute and accurate directions given for making investigations, so important to the patient, that gives a value to the manual. Those who are ambitious to profit by the experience and researches of

others in a difficult branch of medical practice, would derive peculiar advantages from a study of this translation. Messrs. Ticknor & Co., Washington street, have it.

Starling Medical College.—On the 17th of February, a discourse was delivered before the trustees, faculty, students and friends of the Starling Medical College, at Columbus, Ohio, on the progress and dignity of the medical profession, by B. T. Cushing, Esq. The discourse must exceedingly redound to his reputation as a scholor, and a man of strong intellectual powers. We have no further knowledge of the gentleman than what is derived from this publication, which is a most erudite, instructive, and excellent literary performance. It must be a difficult undertaking for a member of the legal profession to exhibit the claims, the value and indispensable requisitions of either of the other learned professions; but Mr. Cushing has succeeded satisfactorily in this instance, and it is therefore reasonable to conclude that he possesses enlarged views, a liberal spirit, and, above all, understands the relationship which medicine bears to literature, the sciences, and the whole domain of humanity.

History and Treatment of Cholera.—An elaborate work has been written and now awaits the movement of some enterprising publisher, entitled "Records of Cholera Asiatica and its Prodromes; with a full account of its origin and causes, post-mortem appearances, &c., with all the material facts in relation to the means of prevention and cure, as exhibited in the practice of different European and American physicians. To which are added two original and important letters upon the subject, addressed to the author, and never before published. By Fred. B. Page, M.D., A.M., &c. &c." If there was ever a period when light was required among us in the management of this appalling disease, it is at this moment, when the plague is insidiously creeping from point to point over this vast continent. Dr. Page's treatise contains the results of his recent experience —having been familiar with the disease the last winter at the South—together with a valuable digest of the practice of the most eminent and successful practitioners of Europe. It is to be hoped that it will soon be published. The more knowledge we have on the subject, the better armed shall we be when overtaken by this greatest scourge of modern times.

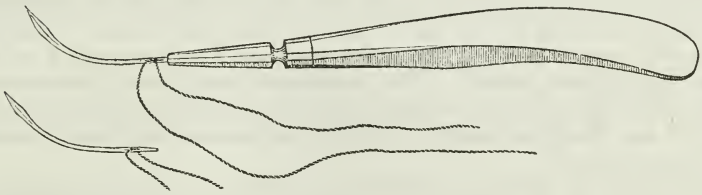
Dental Diseases.—On the authority of the American Society of Dental Surgeons, a tabular sheet has been issued, admirably arranged in columns, on which the operator may record the precise condition of every tooth he may examine, the circumstances belonging to the history of its condition, the patient's age, temperament, &c., to the minutest practical extent. Each space has its appropriate indication of what is to be written in it, and thus the physical circumstances belonging to the case become a leaf to a book of reference—growing perpetually larger from year to year, according to the amount of the dentist's practice. To our gratification these gentlemen are collecting an immense amount of useful information on the subject of the maladies to which the teeth are incident, at the same time that they are elevating and dignifying their profession.

Law of Causation.—Messrs. Leavitt, Trow & Co., 191 Broadway, New York, are the publishers of an anomalous kind of book, bearing the following title, viz., "*Beneficence of design in the problem of evil, vindicated by the law of causation in the physical construction of matter. By a Journeyman. Tenth Bridgewa'er Treatise.*" The author must have unique phrenological developments. He reasons independently, and makes it very apparent that he is a profound thinker, a student in the pursuit of truth, but following the footsteps of no "illustrious predecessor." Had his name been given, he would soon have found himself to be in the centre of commotion. As it is not a medical matter, we cannot consistently say much beyond this, that the writer is evidently no plagiarist. Whatever he says or does, is strictly on his own account. Whether theologians or philosophers will think it worth while to grope in the dark, with the expectation of catching him, remains to be ascertained. We imagine he belongs to the medical profession.

Medical Bulletin.—Messrs. Barrington and Haswell send out twenty copies of this periodical for a dollar. Each number is wholly a reprint of some good thing, that has received the approval of the learned in medicine. The February number must have been detained in a snowbank, as it did not arrive till last week. However, it contains the whole of Rigby on Dysmenorrhœa, besides lots of advertisements, which show the state of the book trade.

Water-Cure Manual.—A description is given, in this popular 12mo, of the various modes of bathing; the hygienic and curative effects of air, exercise, clothing, occupation, diet, water, drinking, &c., together with a description of diseases and the hydropathic means to be employed—illustrated with cases, &c. &c. For one-idea people this is a choice affair, and will convince them that water is an irresistible remedy. Joel Shew, M.D., is the author—who is treading most perpendicularly in the footsteps of the great Priessnitz, the golden-calf of water-worshippers. It is printed beautifully, as Messrs. Fowler and Wells do all their publications; but we don't think much of it.

Suture Needle.—The annexed engraving represents the autopsical or suture needle, invented by Dr. E. R. Smilie, in 1844, now generally adopted in surgical practice for closing wounds, &c.:—



The following description was given at the time by the editor of this Journal. "Dr. E. R. Smilie, of Derry, N. H., a gentleman who, in addition to those professional attainments which are honored in all communities, has a nice mechanical taste, recently devised a suture needle that merits the attention of surgeons. Although exceedingly simple, it could be better understood with a single glance of the eye than by whole pages of description. The peculiarities of the instrument are mainly these—that the eye,

instead of being at the extremity, is about half an inch from the proximal end, varying of course according to the size and length of the needle. The proximal portion of the needle is square, and fitted into a steel shank, which is neatly inserted into an ivory handle. When threaded, the needle is forced through the integument by the handle, and then is drawn from the socket, to be re-inserted and pushed onward as before. The fact is, it is far easier to sew with it than describe it, and the process is more rapidly accomplished."

Preventive Medicine—The Cholera.—Taking drugs when one is in perfect health, to prevent being sick, is like keeping a ship always in the dock for fear she might be lost at sea. It is time enough to dose when the necessity for it exists.

Messrs. Little & Co., 104 Hanover street, enterprising druggists, have prepared what is called a *cholera preventive*, from a recipe of Wm. H. Williams, M.D., which is recommended to be resorted to when the actual symptoms of cholera are manifested, but not before—a physician not yet having been called. Dr. Williams makes no secret of the composition, and every one may know what he is taking, when he swallows the new preparation. It is made of opium, camphor and peppermint, in certain proportions that have been ascertained to be beneficial—and when used, as the label directs, would be an anchor of hope, when a person is suddenly attacked, beyond the reach of medical advice. Dr. Williams is no quack.

Cholera in Boston.—As already mentioned on another page, the cholera has made its appearance in this city. On strict inquiry, however, a few cases only have been recognized up to Monday, when the proof-sheets of the Journal are revised. Four deaths, only, are registered by it; yet quite a number of persons have been attacked, rather severely, but the prompt attendance of a physician has soon changed the condition of the patient for the better, and a speedy recovery has followed. A tendency to a disordered state of the bowels evidently exists, which, if seasonably met by medicine judiciously administered, arrests its further progress. Should the disease unfortunately become epidemic, all the facts that can be of value to the profession in regard to it, will be noticed.

Sulphur in Cholera.—Quite an excitement seems to have been produced at the West, by the announcement that Drs. Herrick, Blaney and others, at Chicago, Ill., have discovered sulphur to be a specific for the cholera. We know nothing of the matter except what has reached us through the public papers, and of course are unprepared to recommend or condemn the proposed remedy. The physicians named are of high standing in the profession—the former being one of the editors of the N. Western Medical and Surgical Journal. Further particulars will be made known, as soon as received.

Medical Miscellany.—Dr. Hardenbook, who has been tried so many times for the alleged murder of his wife, has been set free.—Prof. Bryan, of Philadelphia, by invitation of the Medical Class of the Geneva (N. Y.) Medical College, commenced last week a course of lectures on Physiology. He is a learned, unpretending man, who gives force and character to any subject in which he engages.—In the Insane Hospital at Augusta, Me., there were 126 patients on the 31st of March; the whole number under treatment during the year having been 250. There were discharged during the year 105; 60 recovered, 28 improved, 17 unimproved. Deaths, 18.—The Diario states that during the five years, from 1842 to 1846, inclusive, there were baptized in the archbishopric of Cuba, 13,032 white legitimate children, and 6,412 white illegitimate children, being about 31 per

cent.—Mr. Hayes, the distinguished analytical chemist, is about taking up his residence in Boston. Dr. C. T. Jackson, also celebrated in the same elevated branch of science, resides in the city of Roxbury, but keeps a laboratory in Boston.—A citizen of Newark was seriously affected by inhaling the gas while mixing ammonia and chloride of lime, to purify his store. He continued senseless for two hours.—The annual meeting of the Medical Superintendents of Lunatic Hospitals in the United States, took place recently at Utica, N. Y., Dr. Awl, of Columbus, Ohio, presiding. They meet next year in Boston.—The course of Lectures in the Medical School of Maine for 1849, closed on the 19th of May. Fourteen young gentlemen passed a successful examination for the degree of M.D.—There are 520 practitioners of medicine in the State of New Hampshire.

Adulteration of Cod-liver Oil.—To the Editor. Sir,—I submit the following facts to you, in order that they may receive (if you think advisable) some notice in your Journal. From information which I have recently acquired, on a visit to several fishing places on our coast, I have abundant proof that ill-disposed persons are procuring oil from the livers of pollock, and other fish, for the purpose of offering it for sale in this city as pure cod-liver oil. Also that a concern in this city, who are dealers in whale, lard, and other oils, have stated that the use of cod-liver oil, as a medicinal agent, is all a humbug, and that they are "going in for making money while the excitement lasts;" and to favor appearances, occasionally procure a few cod-livers to blind the eyes of others. There are those, also, who, I fear, will, from their knowledge of mixing oils, resort to this deception, pretending to sell a pure article, because it is of handsome appearance—which is no proof of its genuineness, as the color will vary in the oil from different lots of livers, that are fresh and sweet, although in the spring and summer the oil will be somewhat darker in color than at other seasons. This I am convinced of, from personal experience of three years in the manufacture of the cod-liver oil. In the above statement, I do not implicate any druggist or apothecary in the adulteration of the oil. Respectfully yours,

Boston, May, 1849. Emery Souther.

Register of Cases in which Ether was employed at Morton's Letheon Dental Establishment, 19 *Tremont Row, for the week ending June* 8, 1849.

Sex.	Age.	Number of Teeth extracted.	Quantity of Ether used.	Time of Insensibility.	Time of Recovery.	Temperament.	Pulse at commenc. and end.	Remarks.
Male.	17	1	1 oz.	3 m.	Instantly	Sanguine.	80—60	Quiet and pleasant dreams.
"	19	1*	1	1½	2 m.		100—100	Quiet.
"	51	1	½	1½	2	Common health	120—80	Perfectly quiet.
"	30	1	1	3	5	"	64—80	
Female.	25	13	2	3	6	"	160—100	Unpleasant dreams
Male.	25	1	1½	4	1	"	80—80	Quiet.
"	10		1	3			100	
Female.	10	4	2	6	3	"	80	Screamed.
"	30	7	1	3	3		80—100	Slight resistance.
Male.	40	1				Weakly.	120	Quiet.

To Correspondents.—A paper on Prussiate of Iron, and one on Domestic Medicines, have been received.

Erratum.—In the third paragraph on page 363, last number, and in the second line of that paragraph, after the word circumstances, occur the words *stated by him.* In the proof the words here Italicized were included in brackets. They were introduced to distinguish the circumstances referred to by A. S. from those contained in the paragraph immediately preceding, and on the 363d page. W. C.

Married,—At New York, Dr. S. Simpson, of the U. S. Army, to Miss H. St. John.—At Memphis, Tenn., Geo. A Smith, M.D., to Miss K. Wormley.—Dr. Harvey Jewett, of Northboro', Mass., to Miss S. A. Lawrence.—Wm. H. Bradley, M D., of Lowell, Mass., to Miss D. L. Hinckley.—In Washington, Me., John B. Walker, M.D., to Miss Burtha Ellen Rust.

Died,—At St. Louis, Dr. Waterman Sweet, of Florida, N. Y., of cholera.—At Roxbury, Mass. Dr. Samuel Rogers, 40.

Report of Deaths in Boston—for the week ending June 8th, 65.—Males, 32—females, 33.—Of consumption, 9—scarlet fever, 8—old age, 3—cholera, 4—dropsy on the brain, 3—dropsy, 3—infantile, 5—disease of the brain, 4—convulsions, 3—typhus fever, 1—lung fever, 4—debility, 4—gastro-enteritis, 1—erysipelas, 1—canker, 1—inflammation of the bowels, 2—measles, 2—inflammation of the lungs, 1—varioloid, 1—accidental, 1—drowned, 1—phthisis, 1—cancer internal, 1—complication of disorders, 1—pleurisy, 2—disease of the liver, 1.

Under 5 years, 26—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 9—over 60 years, 7.

Standing Committees of the American Medical Association.—The following is a list of these Committees, as corrected by the nominating committee, after the vacancies created by resignation had been filled. It is copied from the June number of the Philadelphia Medical Examiner, with several corrections of names misprinted in the list as there published :—

Committee on Medical Science.—Dr. Usher Parsons, Providence, R. I., Chairman. Drs. J. Bigelow, Boston ; J. B. S. Jackson, Boston ; A. B. Malcolm, Dubuque, Iowa ; James Moultrie, Charleston, S. C. ; G. Emerson, Philadelphia ; D. King, Newport, R. I.

Committee on Practical Medicine.—Dr. J. K. Mitchell, Philadelphia, Chairman. Drs. R. La Roche, Philadelphia ; F. West, Philadelphia ; J. A. Swett, New York ; B. R. Jones, New Orleans ; R. D. Arnold, Savannah ; ——— Smith, Indiana.

Committee on Surgery.—Dr. R. D. Mussey, Cincinnati, Chairman. Drs. W. M. Awl, Columbus, Ohio ; A. B. Shipman, Syracuse, N. Y. ; G. Fox, Philadelphia ; L. A. Dugas, Augusta, Ga. ; S. Parkman, Boston ; J. R. Wood, New York.

Committee on Obstetrics.—Dr. T. G. Prioleau, Charleston, S. C., Chairman. Drs. L. D. Ford, Augusta, Ga. ; Robert Lebby, Charleston, S. C. ; Josiah Bartlett, Stratham, N. H. ; H. F. Askew, Wilmington, Del. ; John Evans, Chicago, Ill. ; Isaac Lincoln, Brunswick, Me.

Committee on Medical Education.—Dr. J. Roby, Baltimore, Md., Chairman. Drs. Blatchford, Troy, N. Y. ; G. C. M. Roberts, Baltimore ; R. W. Sylvester, Norfolk, Va. ; F. A. Ramsay, Knoxville, Tenn. ; George Sumner, Hartford, Conn. ; W. H. Rockwell, Brattleboro', Vt.

Committee on Medical Literature.—Dr. Alfred Stillé, Philadelphia, Chairman. Drs. F. G. Smith, Philadelphia ; T. H. Yardley, Philadelphia ; P. C. Gaillard, Charleston, S. C. ; A. T. Morris, Montgomery, Ala. ; J. Fithian, Woodbury, N. J. ; J. B. Johnson, St. Louis, Mo.

Committee on Publication —Dr. I. Hays, Philadelphia, Chairman. Drs. A. Stillé, Philadelphia ; Henry I. Bowditch, Boston ; D. F. Condie, Philadelphia ; B. F. Barker, Norwich, Conn. ; Isaac Wood, New York ; N. J. Pittman, Rocky Mt., N. C.

SPECIAL COMMITTEES.

Committee on Forensic Medicine.—Dr. A. H. Stevens, N. Y., Chairman. Drs. Luther V. Bell, Boston ; Pliny Earle, New York ; W. H. Rockwell, Vt. ; Robert Watts, jr., New York ; R. S. Steuart, Baltimore ; J. Knight, New Haven, Conn.

Committee on Indigenous Botany and Materia Medica.—Dr. Eli Ives, New Haven, Chairman.—Drs. G. L. Corbin, Warwick Co., Va. ; H. R. Frost, Charleston, S. C. ; W. H. Davis, Baltimore ; B. B. Lenoir, Roane Co., Tenn. ; W. B. Cochran, Middleburg, Va. ; J. P. Harrison, Cincinnati, Ohio.

Committee on Hygiene.—Dr. J. M. Smith, N. Y., Chairman. Drs. A. K. Gardner, New York ; E. Jarvis, Dorchester, Mass. ; A. G. M. Cooke, Norfolk, Va. ; A. S. Holmes, St. Louis, Mo. ; G. Emerson, Philadelphia ; J. C. Simonds, New Orleans.

The Committee recommended Cincinnati as the next place of meeting, and the following as the Committee of Arrangements :—Dr. Drake, Chairman ; Drs. Dodge, Judkins, Rives, Lawson, Richards, and Strader, all of Cincinnati.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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ETHERIZATION IN LABOR.

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

The use of anæsthetic agents in parturition claiming general interest in the profession at this time, we hereby offer our testimony in its favor after repeated trials, and give in evidence the following case :—Was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had from feelings of delicacy refused to have me sent for at an earlier period. An examination per vaginam revealed a rigid os uteri, but slightly dilated, and unyielding to pressure ; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour she told me that a neighbor to whom I had administered the ether, in a recent labor, had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side" and to go on in the "old-fashioned way." As the young lady was entirely unacquainted with the "old-fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed she would be on the "safe side" if she would inhale the ether, as my experience with it had all been in its favor. She insisted upon proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first it produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason ; sometimes she would cry out that she was on her way to happiness, and was hastening to paradise, &c. Of course this was supposed to be reality by the assistants, and they would have withheld the sponge had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced

its anæsthetic effect, and the labor progressed rapidly. The secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed-side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconscious of the application of forceps, though she had an indistinct idea of suffering. She knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of etherization.

Case of difficult Labor.—Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing-down effort, which she had suffered since noon. On examination, found the os uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon on the 15th; learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call and return in time to be of service to my first case. At 11 o'clock, P. M., I left her, and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but it was refused; the rigidity of the perinæum was yet so decided, that it was proposed again to employ ether, but the mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient was rapidly failing; the pulse was feeble, and she could not make the effort which the pains required. Hodge's long forceps were applied, and a strong

cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perinæal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about 6 o'clock in the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size. Its length was 24½ inches, from the crown of the head to the foot; across the head from ear to ear, the distance was 7¼ inches; and around the forehead and occiput, 12½ inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; an officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold; the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine and a dessert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew warmer; the countenance assumed a more natural expression, but the abdominal distention continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well.

How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet 18 years old, a short compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts were rigid, and the os uteri in each scarcely dilatable. The one was delivered without pain, recovered speedily, and had not a single unfavorable symptom; the other had a tedious labor, suffered all that a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery.—*New Jersey Medical Reporter.*

THE CHOLERA AND OTHER PREVALENT DISEASES IN LONDON.

[The following remarks on the mortality and the state of the public health in London, during the last winter, while cholera prevailed in that city as an epidemic, were read before the Westminster Medical Society, April 7th, by Dr. Webster. They are interesting at the present time, when that disease is prevalent in so many portions of our own country. It is hoped that the question of the effect of cholera on the general mortality of the places where it prevails, will not be wholly neglected among us.]

Having adverted to the recent sanitary movement, which must in time produce beneficial consequences, Dr. Webster said, so far from the fears entertained by timid persons, that the public health would materially suffer by the re-appearance of epidemic cholera, the aggregate number of deaths from all causes had considerably diminished throughout London during the last six months, in comparison with the same period of the previous year, particularly in regard to diseases of the respiratory organs, usually so prevalent and fatal in cold weather. In proof of this opinion, notwithstanding the extraordinary severity of scarlatina and presence of cholera, the gross mortality from all diseases, in London, during the last six months ending the 31st of March, was 30,263; whereas, during the parallel six months of the previous winter, the total amount rose to 36,060 deaths, being an excess of 5797, or 18.82 per cent. in favor of the current season. The author observed that the greatest difference occurred in diseases of the organs of respiration; by which, including influenza, in the winter of 1847 and 1848, the deaths were 11,197; whilst during the same six months, ending the 21st of March of the current year, only 5127 persons died from the same causes; being less than half the former amount, or an excess of 118.39 per cent. more deaths under this head, in the previous, than the winter just terminated. Dr. Webster then alluded to some of the pectoral diseases, and said, that 1965 persons had died from pneumonia this season, but 3159 the previous, thus giving an excess of 60.76 per cent. By bronchitis, 2047 died the last six months, whilst the number was 2984 in the former period, being 45.77 per cent. more than now. Again, 3040 died from consumption this season, against 3740 in the winter of 1847 and 1848, being nearly one quarter of the deaths greater from the same disease than recently. By influenza, only 78 deaths occurred, in place of 1739, registered during the former season. By measles, 391, instead of 1346, which thus caused two and half times more deaths in the previous winter than the one just terminated. Scarlatina formed, however, a marked exception in respect of its virulence and mortality, having proved more fatal last winter than for many years; it was, in fact, the chief epidemic of the season; 2546 individuals, principally under 15 years of age, having died from that disease during the six months ending the 31st of March last, instead of 1362 during the parallel period of the previous year, although the mortality from the same cause was also then greater than ordinary. By typhus the deaths were fortunately less this year than last, 1585 having died from that cause during the present winter, in place of 2201 the

previous, thus making an excess of 38.86 per hundred more in the last than in the present season. The author subsequently alluding to bowel complaints, remarked, contrary, perhaps, to expectation, that notwithstanding the existence of cholera, and the prevalent tendency to bowel complaints, diarrhœa and dysentery had actually proved less fatal during the last six months than in the same period of the previous year. Thus, in the six months ending the 31st March, 1849, the deaths in London by diarrhœa were 554, instead of 644 in the same months of the year before. By dysentery, 135 then died, in place of 116 recently. This contrast is curious, seeing that cholera has prevailed more extensively than usual, by which epidemic malady, 984 persons died in London during the last six months; whereas, only 21 deaths are recorded in the previous winter. The author here observed that, great as the above amount of deaths by cholera may appear, it is not by any means so considerable as the mortality met with in the spring of 1832, when this malady also prevailed in London epidemically. For instance, in the month of March and the first week of April, of that year, as many persons died from cholera in the metropolis, during these five weeks, as throughout the entire six months ending the 31st March, 1849. Having now almost ceased to exist as an epidemic in London, as only four deaths had been recorded by cholera during the week terminating last Saturday, Dr. Webster believed little apprehension need be now entertained, although likely, as in the year 1832, the disease may again become epidemic next summer, or in the autumn when cholera usually prevails in this country, but, for the most part, of a mild and less fatal description. From the various data detailed to the Society, notwithstanding the prevalence of cholera, and the unusual mortality by scarlatina, the author considered London had not become by any means unhealthy, nor had the last winter proved insalubrious. Dr. Webster subsequently discussed the diathesis generally exhibited by the diseases now passed under review. Speaking generally, from his own observation, as likewise from the information of other practitioners, the author believed that almost every complaint recently met with assumed an asthenic character—if not at first, at least soon afterwards, and even in those instances of disease which are really inflammatory, they very often soon exhibited symptoms of great debility and exhaustion—similar, in fact, to the peculiarity noticed when the influenza was so prevalent last year in the metropolis. Scarlatina, measles, and diseases of the respiratory organs, come all within this category, and have required very different modes of management to the measures formerly found beneficial. Dr. Webster then adverted generally to the remedies employed, and the methods of cure recently adopted, which, he said, were generally tonic and stimulating. Exceptions might occur to this rule, but they were rare, even in those diseases of the chest which formerly required antiphlogistic treatment. The abstraction of blood appeared seldom, if ever, necessary, and it is now as uncommon to bleed any patient as it was formerly the reverse. Indeed, the lancet, like the sword of the soldier in the time of peace, might be said to have been laid up in ordinary. The author subse-

quently discussed the treatment pursued in the several diseases alluded to in his paper, which it is unnecessary now to particularize, as the plans adopted seemed generally based upon the symptoms manifested, and the principles he had enunciated. In concluding the communication read to the Society, Dr. Webster observed, that although scarlatina was really one of the most prominent and serious epidemics prevalent during the last six months, whereby nearly three times as many persons were carried off as by cholera, still the latter malady occupied by far the most public attention. With respect, however, to the management of scarlatina, the author said it differed essentially from the method other practitioners like himself had formerly found it expedient to employ. In previous epidemics of this eruptive disease, it was frequently necessary to resort to antiphlogistic measures, low diet, active purging, and even to blood-letting, either from the arm, or by leeches. During the recent epidemic, so far from depletion being required, or admissible, it was often advisable to commence supporting the system very early in the complaint, to give tonics, ammonia, wine, and sometimes even brandy, where the symptoms, apparently, but not actually, seemed inflammatory, debility, depression, and a great want of tone in the system, being generally characteristic of the malady, whilst the remedies best adapted under such circumstances were of the above description. Fortunately, this severe complaint has recently considerably abated in virulence; and although still above the average of previous seasons, the consequent mortality is by no means now so great as it was about the latter part of last year, and the early portion of the current. However, at whatever period the present epidemic scarlatina may terminate, medical practitioners will not fail to remember its late great prevalence, rapid progress, marked symptoms of debility, and its unusually fatal character, as, likewise, the tonic stimulating plan of treatment which the disease almost invariably required.—*London Lancet.*

INHALATION OF NITRATE OF SILVER, &c.

BY THOMAS K. CHAMBERS, M.D., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

While treating diseases in those parts of the mucous membranes which are sufficiently exposed to sight and touch for the immediate application of remedial agents, there are few to whom the wish has not occurred, that equal facilities were afforded of directly influencing the deeper-seated continuations of the same fabric. The powerful remedies which restore so quickly to a healthy state the conjunctiva and the fauces, would probably act with equal rapidity and success on the stomach and bronchi, could we apply them rightly to the right spot, and attack the local disease without passing circuitously through the whole system. A mode I have lately adopted of attaining this end with the most inaccessible mucous surface of all, the pulmonary, though it is clumsy and imperfect, may still be found useful in some obstinate cases, where the upper part of the air-tubes is the principal seat of disease.

The plan consists in the inhalation of a light innocuous powder,

which may carry with it the required substance, either diffused in the air or absorbed in its pores. That which I have found well suited to the purpose is the pollen of the lycopodium or club-moss, which has been allowed to imbibe as much as it would take up of a saturated solution of nitrate of silver, or of sulphate of copper, or the two combined, and then carefully dried, and reduced again to an impalpable powder. Mr. Squire has made me some which, in two grains and a half, contains one grain of nitrate of silver, and another which in five grains contains one of nitrate of silver and two of sulphate of copper. The patient should introduce into his mouth, as far as he can without choking, a well-dried glass funnel, and draw in his breath strongly, whilst he himself, or a second party, dusts the powder in a dense cloud into the large end with an ordinary nursery puff-ball. If the dust is raised by an attendant, the patient can indicate the moment he inspires by raising his hand.

To obviate the necessity for withdrawing the funnel after each inhalation, to prevent the dust being blown about the room, an apparatus with a double valve and a closed powder-box may be used, which allows the dust to pass inwards only; but the necessary employment of metal makes the machine less agreeable than the more awkward but cleaner-looking and less formidable glass.

There is usually a slight degree of coughing excited by the dusty vehicle, but not of such moment as to prevent an immediate repetition of the experiment. This is certainly an inconvenience, but it seems a much smaller one than that which attends the introduction of a sponge into the larynx, as has been recommended. The spasm excited by this is distressing to the operator and painful to the patient, and prevents its employment in slighter cases, where the remedy appears to both as bad as the disease. Moreover, the operation is a very difficult one, requiring a rapid accuracy, a spirited tenderness of touch, as artists call it, which is the lot of few, and is seldom retained at that period of life when the intellect is most matured, but when the brush, the burin, and the scalpel, are handled with more judgment indeed, but with less elegance and delicacy.—*London Medical Gazette.*

REMARKS ON CONGESTIVE FEVER.

BY C. A. HATHWELL, M.D., OF VIRGINIA, CASS COUNTY, ILLINOIS.

Congestive fever is one of the most formidable diseases that medical men have to encounter, and imperatively demands the soundest judgment, watchfulness, promptness and energy on the part of the attending physician. It is not my intention to furnish a treatise on this disease, but to state, in as concise a manner as possible, the result of treatment in some cases that came under my care.

I shall confine myself to such articles as I have found most serviceable.

According to circumstances I have generally commenced with an active cathartic. Purgatives clear the alimentary canal of all morbid accumulations and relieve congestion. To obtain their full effect, I ad-

minister them daily. I usually employ calomel and jalap, with a small portion of tartarized antimony, worked off with oil or the neutral salts.

The bowels are generally loaded. The patient has strong sensations of internal heat, and there is also considerable gastric distress. These circumstances seem imperatively to call for such evacuations, and every practitioner knows how much relief and comfort is afforded by them. No one conversant with the *modus operandi* of purges will fear their producing debility. At this period they not only relieve the stomach, but also congestion of the liver, head, and other important organs, upon the principle of revulsion. Nothing is better established than that, when the alimentary canal is oppressed with accumulations of feculent matter, the evacuation of this matter relieves the irritation of the system and adds new vigor to the body. As one of the auxiliaries, I place great confidence in cold applications; sponging the surface is a favorite remedy. I employ water, vinegar and water, brandy, &c. I do not believe they act by merely lessening the heat of the body; that they operate to a certain extent in this way, I think certain, but they are more beneficial from the positive healthy action they impart to the system. As soon as practicable, I place my patient under the influence of large and repeated doses of quinine—it is, in fact, the only remedy we can rely on with confidence. But in certain cases during the cold stage, when I have found all the external applications, together with the most powerful and diffusible stimulants used internally, fail to bring about a re-action, I have found the use of ice to produce the most salutary effects. When I have met my patient in a state of great jactitation, complaining of intense internal heat, insatiable thirst, oppression in respiration, cold surface, pulseless, and with all the symptoms characteristic of this disease, I have found ice all-powerful in producing re-action and restoring an equilibrium. My plan has been to break the ice into small pieces, set it by the bed-side of my patient, and force him to swallow it as fast as possible until the stomach is literally filled with small pieces of it. The revulsive influence of ice has, in several instances, perfectly surprised me; but when we reflect upon the pathology of this disease, the congestion of the stomach and the great central accumulation and engorgement of the heart, liver and large veins, the *modus operandi* may be easily made out. As soon as re-action is established, I look upon the case as completely under the control and management of quinine. In protracted cases of collapse, when the blood has become vitiated for the want of oxygenation, perhaps there is but little reliance to be placed in any remedy.—*North Western Medical and Surgical Journal.*

THE REMOTE AND IMMEDIATE CAUSES OF CHOLERA.

Extract from a Lecture delivered February 15, 1849, by N. Williams, M.D., of Phœnix, N. Y., and communicated by him for the Boston Medical and Surgical Journal.

The idea that the cholera is contagious, and is thus communicated from one person to another, and that precautionary measures are of little importance, has long since been abandoned by those most acquainted with

the disease. Medical men in general, and almost universally, now rank cholera among non-contagious diseases. Dr. Condie, of Philadelphia, in writing upon this question, says, "during the prevalence of cholera in Philadelphia in 1832, we closely investigated every fact calculated to throw light upon this subject; and for this investigation, our position in the Board of Health, and as chief of a large hospital, afforded us ample opportunities; but we were unable to discover the slightest evidence of the disease having been in any one instance communicated from the sick to the well." There must, then, of necessity, be some other cause to which the origin of the disease must be ascribed. Upon this subject, there has been a great deal of speculation, and many theories advanced. But, after all, there is nothing positively and definitely known in relation to the matter. The most that can be said of the remote cause of cholera, is that it is some specific and deleterious agent connected with, or existing in the atmosphere, and capable, under certain conditions of the system, of producing the disease in question. It may be electrical, miasmatic, some chemical or physical change in the atmosphere itself, or a combination of a portion of these. But be the latent cause of the malady what it may, it is certain that this alone is not adequate to the production of cholera. As a general rule, where cholera prevails, the few and not the many, the minority and not the majority, fall victims to its ravages. But why not *all*? Not that *all* are not exposed, but that *all* are not alike predisposed. For instance, the population in Boston, in 1832, was 62,000, and out of this number there were only about 80 deaths from cholera in that year. Probably the whole population were under a choleric influence, but for the want of a predisposition, it seems that a vast majority escaped the disease. We perceive, then, that two circumstances, at least, are essential to the production of the disease. First, an atmospheric agent; second, a peculiar state of the system, constituting predisposition. This predisposition is both natural and acquired. In 99 cases out of 100, it is, without doubt, acquired. So that 99 per cent of the whole amount of cholera may be imputed to an acquired predisposition of the system to its remote cause. Such being the case, it appears that so far as these two causes of the disease are concerned, by far the most importance is to be attached to that of prediposition. This is obvious when we consider the influence which can be exerted over this cause, and the obscurity connected with the remote one. Let our efforts, then, be exerted for the removal of the predisposing cause of cholera, and if successful, the disease can no more exist, than intemperance, where there is no appetite for intoxicating drinks. And as the habit of intemperance may be overcome by controlling the appetite, though its means may exist in our midst; so, too, may cholera be abolished by a removal of its predisposing cause, though the atmosphere may be continually charged with some choleric poison. It is this predisposition which proves the existence of the atmospheric agent, and opens an avenue in the system for its introduction and deleterious effects. To a person in health, the vicissitudes of weather produce no consequences which are particularly unpleasant; but to one who is suffering from rheumatism, or a broken bone, the

effect is often painful in the extreme. Thus it is relative to those who are predisposed to cholera; the increased irritability and morbid susceptibility of their systems evince the most trifling causes of danger, and those, too, which others not predisposed to the same influences are wholly indifferent to.

In regard to a natural predisposition to cholera, it may be said to consist in a peculiarly irritable organic structure of the digestive organs, and particularly the mucous coat of the stomach and bowels. Acquired predisposition is the result of whatever has a tendency to derange the healthy operations of these important organs. The circumstances tending to this result are numerous in the extreme, and, in the language of the Board of Consulting Physicians of Boston, consist of "errors in diet, intemperance, long exposure to a damp atmosphere, confinement in crowded rooms or heated carriages, with subsequent exposure to cold or night air; residence in low and foggy situations, especially in the neighborhood of stagnant water; proximity to the mouths of drains, and of mud containing decomposing organic matter; exposure to collections of offal and other nuisances which abound in cities—and lastly, residence in a district already much infected with cholera." Each of these circumstances contributes in some measure to predispose the system to cholera; but by no means to the same extent. The needy and wretched circumstances of the poor, strongly tend to derange their physical organs, and mark them as suitable subjects for the attack of this disease. So, also, do our fever and ague districts particularly predispose their inhabitants to the same end—so much so, says Dr. Samson, of Syracuse, "that no one could but have noticed the obvious fact, that in 1832 and 1834, the disease prevailed most extensively in those localities, which in this country are most subject to intermittent and remittent fevers and their allied bilious diseases." "The hilly country," he adds, "in the immediate vicinity of marshy grounds, was entirely exempt from cholera, or at least no cases originated there."

These, then, are efficient predisposing circumstances; but, after all, that of *intemperance* is by far the most so. So particularly is this evil a predisposing circumstance to cholera, that I have seen no treatise upon the subject, from any writer, in which it was not spoken of as of more or less importance. Its influence in this direction is unmistakable, so direct and positive are its results. Dr. Bronson, of Albany, uses the following language in reference to this subject:—"Intemperance, of any species, but particularly intemperance in the use of ardent spirits, has been a more productive cause of cholera than any other, and indeed than all others. Drunkards and tipplers have been searched out with such unerring certainty as to show that the arrows of death have not been dealt out without discrimination." A London paper observes that "the same preference for intemperance and unclean persons has characterized the cholera everywhere. Intemperance is a qualification which it never overlooks."

PRUSSIATE OF IRON.

[Communicated for the Boston Medical and Surgical Journal.]

Some time since, I was reading Dr. Zollickoffer's opinion of prussiate of iron in intermittents; and from having felt the quinine tax somewhat heavily during the past year, I was induced to give it a trial. By administering from four to six grain doses every four hours, I succeeded in curing several cases, but in some of these the disease was not checked till nearly a week from the commencement of the course.

Prussiate of iron, says Dr. Eberle, in his Therapeutics, seems to be separated by the action of the stomach, and the hydrocyanic acid exerts its peculiar sedative effects on the system. The thought struck me, that if hydrocyanic acid, in combination with so weak a tonic as iron, could be used successfully in some cases, combined with quinine it would prove a remedy of sufficient potency to effect the cure of any. In a day or two occasion offered, and I put my presumption to the test, by administering the following recipe:—R. Sulph. quin., grs. xxiv.; cyanuret. potassium, grs. j.; water, ℥ jss. Sulph. acid, q. s. to make the quinine soluble, and to decompose the cyanuret potassium. This last was a *necessary* consequence of adding the sulph. acid to make the quinine soluble, and was not particularly sought after. To make a long story short, this recipe cured two agues. Since then, I have cured agues with the expenditure of only six grains of quinine, but generally I have used twelve, and I have never failed with twenty-four. I have always paid attention to secretions, and endeavored to keep the bowels open for two or three days.

I have used the ferro-cyanide quinine, but that is more expensive than the sulphate, and I have had to use it in nearly the same doses as I have used that article, in from ten to sixty grains. Perhaps in the ferro-cyanate the prussic acid, by entering into more intimate combination, loses some of its peculiar powers. If the above shall be confirmed by the experience of others, and be productive of any benefit to medicine, none will be more pleased than myself; if not, I shall not be the first who in hills of yellow sand thought he saw heaps of glittering gold.

With great respect, I am, dear sir, truly yours,

Fultonville, April 9th, 1849. Wm. E. Rust.

DOMESTIC MEDICINES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—An article which appeared in your Journal of the 23d ult., entitled "Domestic Medicines," has induced me to make the following remarks, which you are at liberty to publish, if you see fit.

The writer of said article has graphically and faithfully pictured the present condition of quackery, and its effects; and seems to mourn (as I doubt not every respectable member of the profession does) their baneful influence on society. In true physician style, he makes a diagnosis, and then proceeds at once to form his plan for treatment; and it is of the latter that I wish particularly to speak.

Albeit he is no believer in homœopathy (I will venture to say), yet he has unwittingly adopted one of its fundamental doctrines—*similia similibus curantur.* Now, I contend that such a mode of procedure would not only fail to accomplish the desired end, but would seriously affect the character of the profession; it would place it, at once, on a level with that of the basest of quacks, and acknowledge them as powerful rivals. It would be tacitly saying, that the advice of the physician (which is the most important part of his services) may be, in a degree, dispensed with. It would be assuming that the public are capable of diagnosing diseases, and virtually acknowledging them as competent judges of the curative effect of the articles employed; an idea, than which, no one could be more false—for every medical man is aware, that no one, however intelligent he may be, is capable of thus judging safely, unless he has been educated in medical sciences.

But let us admit, for a moment, that physicians could prepare medicines in a good and convenient form, accompanied with suitable directions, and thus drive quackery from the field; would not, even then, the victory be an inglorious one? And would they not vacate a field of honor, to become the companions of the ignorant and vulgar?

But the question again arises—what can be done to raise the confidence of the public in the profession, and expose the baseness of designing quacks? The Boylston Medical Society (composed of medical students) has a plan "in embryo," which I think is well adapted to this end. It is, simply, to have a course of lectures on medical topics, delivered in one of your large halls, by physicians of acknowledged reputation and worth; provided they can be induced to perform this task, in addition to their already accumulated labors. I conceive that a happy and widespread influence would follow such a course, especially if the services of such gentlemen as Drs. Bigelow, Holmes, Storer, &c., could be secured. Will the physicians of Boston, and others interested in the cause of humanity, encourage this movement, by their presence and their money? The same thing could be done, and well done, in any district. There are gentlemen of talent and wisdom sprinkled over our whole country, who are abundantly able to do this work. J. F. Galloupe, M.D.

Lynn, Mass., June 4th, 1849.

SINGULAR CASE OF DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case of dropsy seems somewhat peculiar, and is at your disposal:—

Feb. 15, 1849, I was called to see E. P., aged 12 years. She had just retired for the night, it now being about nine o'clock, P. M. She seemed as well as usual up to the time of lying down, when she was seized with great difficulty of breathing, cough, &c. On my arrival, I found her lying on the right side, breathing difficult, pulse rapid, cough, bloody and frothy expectoration, &c.; and, before I had time to make out the diagnosis or employ much treatment, the patient died. Subse-

quently I had the following history from the mother. "E. was healthy and fleshy as any child till she was seven years old, when she had measles a *second* time, and since then has not been fleshy or strong, but still was active in body and mind, and did not seem to be sick. A few days before her death, she complained of having a cold, and of some pain in the back; but, before I could procure a plaster to put on her back, she said it was better, and no application was made to it. She was abroad and attended school on the day of her death. At evening she ate and conversed as usual—retired, and died."

On the following day, we made an examination, and found the following appearances. Thymus gland preternaturally large; lungs much congested, air-tubes filled with frothy and bloody mucus; kidneys showed marks of inflammation, and each contained a small amount of purulent matter; bladder contracted, and its walls thickened. We also found about sixteen ounces of serum in the cavity of the abdomen, six ounces within the pericardium, and about thirty-five ounces in the cavities of the pleura.

The patient had been rather feeble, complained of difficulty of breathing on going up stairs, and was accustomed to lie with the head higher than usual, which last the mother attributed to habit; and it may be supposed that disease was going on for a considerable length of time, without symptoms sufficiently prominent to attract the mother's attention. As the patient was not subjected to treatment, and as I have no speculations to offer, I need not add more. LEVI G. HILL.

Dover, N. H., June, 1849.

P. S. I am not aware that you have received any report from this region of the use or utility of the anæsthetic agents, and therefore may here say that we have used both ether and chloroform. In several cases of amputation, removal of tumors, and a variety of other operations where we have used them, no unpleasant effect has followed; on the contrary, all was quite satisfactory to operator and patient. L. G. H.

DISLOCATION OF THE FIFTH CERVICAL VERTEBRA.—DEATH IN ONE HUNDRED AND TEN DAYS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case is thought to be not devoid of interest, especially in respect to the length of life after the occurrence of the accident.

In the forenoon of Dec. 16th, 1848, Mr. Isaac Mansfield, a well-formed, muscular, hard laboring, and perfectly healthy man, æt. 28, of strictly temperate habits, fell backwards from a spring wagon in which he was riding slowly, in an erect position, and struck the ground. He was found instantly, lying on his side, his body and legs flexed, and complaining of great pain in the back of his neck.

With some assistance, he walked to a house some four rods distant, and then lost all use of his lower extremities, and nearly all power of using his arms and hands; had constant pain over the fifth and sixth cer-

vical vertebræ, and the slightest motion of his head was extremely painful. More pain in the left shoulder and arm than in the right.

From the seat of the pain, and the tumefaction, and the entire loss of sensibility below the fifth cervical vertebra, as well as paralysis of the intercostal nerves, and respiration being performed only by the diaphragm, it was evident that the force of the fall was received on the spinous processes of the fifth and sixth cervical vertebræ. No evidence was discovered of fracture or displacement, and one reason of this was, the great thickness of the muscles, and the rapid swelling over the injured part. Drs. Gould of Lynn, and Peirson of Salem, were called in consultation. Diagnosis, concussion of the medulla, and compression by laceration of the membranes and effusion. Prognosis, unfavorable. There was considerable general excitement; tongue coated; pulse 100; skin hot; great thirst. Treatment: venesection; leeching; cathartics and blisters. The urine was high colored, and exhaled a strong ammoniacal odor. The urine being retained, the catheter was used twice daily.

January 10th. Fever somewhat abated; pulse 90; appetite improving; unable to lie on either side; often declares he would much rather die than be turned; dreads the slightest motion of his body or head; has almost constant pain in his shoulders and arms; and often, both night and day, screams out for the attendants to move his arms, which mitigates the pain only for a short time.

February. As he could not change his position, or be changed, the utmost precaution did not prevent the formation of large ulcers. Tongue clean; pulse 90; appetite good; sleep much broken; ulcers dressed with antiseptics; totally unconscious of dejections, which took place generally once a day with great regularity. Takes strychnia. Shocks from the galvanic battery seemed for awhile to arouse twitching, and considerable feeling in his legs, arms and hands; urine involuntary.

March. Evidently more feeble; ulcerations rapidly extending, exposing the middle of the sacrum and left tuberosity of the ischium, discharging copiously very fœtid matter. Dress the ulcers with cotton dipped in dilute nitric acid. Takes tonics and stimulants. Can now move his head slightly to either side. Abdomen tympanitic. Has slight sensation on the skin of his feet, on the sides of his thorax, and on the skin generally, at times; but this sensation was transient.

April. Emaciates rapidly; high fever; pulse 105; appetite gone; powers failing; occasional vomiting; intense burning heat through the abdomen; ulcers have laid bare the three upper lumbar vertebræ, and discharge freely.

April 6th. Pulse 140; copious perspiration; countenance cadaverous; cheeks and eyes sunk; suffers great pain; and seems to breathe with pain; articulation distinct; mind clear and composed; aware of his critical situation. Inhales a few drops of chloroform every few minutes, just enough to overcome the sensation of pain and leave the mind unaffected.

Died April 7th, 1849.

Autopsy, attended eighteen hours after death; assisted by Dr. J. B. Holder of Lynn. Body greatly emaciated, cadaveric, anemic; little

ecchymosis of the depending parts; sloughing surfaces of ulcers very extensive; sinuses deep, with dark, rugged, gangrenous edges. Muscles thickened over lower cervical vertebræ. Fracture of the left bifurcation of the spinous process of the fifth cervical vertebra; the fifth cervical vertebra dislocated anteriorly full two-thirds of the diameter of the spinal canal; fracture of one half of left articular process of sixth cervical vertebra, leaving the right articular process entire, but covered with ossific deposit. A thin lamina of bone deposited around the middle of the body of the sixth cervical vertebra, extending, at an angle of forty-five degrees, nearly to the anterior inferior edge of the fifth, which overhangs it. The lateral articular processes firmly united by bony union. Fracture of one half of the right articular process of the sixth, allows the right side of the fifth to project forwards farther than the left side. Short spiculæ of bone turning inwards on the medulla, from the superior edge of the posterior part of the sixth cervical, and from the inferior edge of the fifth. The cavity of the medulla diminished two thirds of its diameter, and contained large clots of coagulable lymph external to the membranes. Medulla much softened for the space of one and a half inches; and membranes soft and thickened.

It is a well-known fact that displacements of the fifth cervical vertebra generally are suddenly fatal. Sir A. Cooper says, they die in from three to seven days, according as the injury is seated in the fifth, sixth or seventh cervical vertebra. I have scarcely known the subject of this injury to live beyond a week, and but rarely to die on the second day, although they sometimes die so early if the fifth cervical vertebra has sustained the injury. It has been pronounced impossible to have dislocation of the fifth and sixth cervical vertebræ without fracture. In this case, there was only a fracture of one half of the right articular process of the sixth. I think it must be considered somewhat remarkable that life continued so long in this case, where the medulla was so severely compressed.

It is much to be regretted, that injuries of the spine, from the relative situation of contiguous parts, admit of so slight a chance of palliation or cure. And may we not reasonably expect that, in cases of spinal displacements, if not in fractures (if the diagnosis is correctly made out), some means may be discovered for their successful reduction? Etherization, too, would probably be auxiliary to such means, as in other surgical operations.

James M. Nye, M.D.

Lynn, June, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 20, 1849.

Education of Imbeciles and Idiots.—To modern times belongs the honor of discovering that the feeblest ray of intellectual light may be made to shine, however unpromising the unfortunate being who possesses it. Dr. H. B. Wilbur, of Barre, Mass., has an institution for the reception of these

long-neglected, and hitherto hopeless unfortunates. Idiots may be taught the decencies and proprieties of society; and while they are physically bettered by systematic training, they are successfully instructed in the elements of that system of knowledge that explains some of the prominent relative duties of life, and above all their responsibilities to God. We wish Dr. Wilbur a career of distinguished success in this new avenue to benevolence.

Life Policies.—If there ever was a period when a prudent reference to the welfare of those in whom we are most interested, should induce persons to take out life insurance policies, this is the time. Such is the competition among rival companies, that the cost is small indeed, compared with the transcendant advantages accruing to those in whose favor the instrument is drawn in case of premature death. Some very striking facts have been noticed, of late, in regard to the value of life insurance. A cholera epidemic is an admonition of the uncertainty of life; and if it is of importance ever to avail oneself of human institutions for providing for the comforts and necessities of those dependent upon us, it becomes an imperative duty to do so under the circumstances of the present alarm. Confidence is reposed in the American Life Insurance Co., No. 4 State street, under the care of Mr. Brewster, and of which Prof. Silliman is President. Every one must know that Prof. S. would not be associated with an office that was not of the highest grade in character and respectability.

Duties of Physicians.—Dr. Hooker, an excellent practitioner, at Norwich, Conn., has a volume about ready for publication, that is needed, and which is probably destined to work some kind of revolution in the social relations between physicians and their patients. He will show the duties and obligations of both, towards each other, besides introducing collateral suggestions well calculated to do something towards convincing those who have been sick that they have something else to do, after recovery, besides paying the bill.

Alabama State Medical Association.—Thos. W. Mason, M.D., gave the annual address before this Association, which is published. He laments the crowded state of the profession—but, doctor, we can't kill off the supernumeraries! "Medicine," says the learned orator, "has been placed in a false position, and the office of the physician most egregiously misrepresented," and he might have added, miserably paid, too. Dr. Mason is a spirited, off-hand writer—evincing a hearty good will towards those who should do more than they have to improve and elevate the profession of which he is an ornament.

Professional Decline.—On the ninth page of an introductory recently given at the Philadelphia College of Medicine, by Henry Gibbons, M.D., one of the faculty, the following sentence occurs:—"Our profession has declined in public estimation within the present century, whilst it has been advancing in its claims and merits beyond all precedent. Mankind appear to have but little more respect for it now than in the days when medical science was but a jumble of superstition and empiricism, and when

practitioners were banished from Rome as public pests. To make such an acknowledgment is disagreeable; but if the contemplation of the picture should lead to an effort to correct the evil, and bring about a better state of things, the confession may prove salutary." Mortifying as this declaration is to those intimately identified with this maltreated profession, it is verily true, that the most learned, morally eminent and excellent, in the ranks of medical practitioners, are not placed higher in the mind of the great public, than natural bonesetters, seventh sons, or itinerant mesmerizers. A few indeed, in all communities, appreciate a cultivated understanding, and honor talent and science; but the multitude of men and women care no more about educational qualifications, genius, or experience in a physician, than they do about the police regulations in the planet Mars. A doctor is a doctor, to them, the world over. The more he lowers himself to the vulgar level, the higher place he has in their estimation. The author of the discourse barely speaks this above a whisper, as though it were a profound secret; nevertheless, it is just what everybody knows, and what a certain order of responsible, thinking people lament, without the power of changing so erroneous a public sentiment.

Dr. Gibbons has introduced several historical memoranda, which show the ages of darkness which civilized man has passed through; while the condition of the present exhibits quite as many absurdities in their vigor as environed those past generations. Medicine offers finer opportunities for a hypocritical display of humanity than any other which pretends to minister to the temporal wants or necessities of our nature—and hence it has been cursed, from the birth of the father of physic, with armies of knaves. But ignorance is in the majority, and with a stentorian voice hails with delight the approach of a quack, because he is not tramelled or embarrassed by the dogmas of schools. No—he is a freeman, addressing himself to those who imagine they are themselves capable of appreciating merit and detecting imposture, when the fact is they are not capable of one or the other. Dr. Gibbons evidently knows much more than he says in regard to this matter; so, without wearying the reader with an entertainment of only one dish, he wisely draws off the attention to the grave consideration of the value of medical jurisprudence, the importance of which was never over-rated by its best friends. Students should be drilled in it, that they may make science subservient to the law.

Perfection in Dentistry.—Several gentlemen, distinguished for their ability to appreciate the beautiful and surprising advances making in modern dentistry, were at Dr. Hitchcock's establishment, in Court street, last Thursday, and leisurely inspected some of his extraordinary specimens of artificial teeth. Two ladies were present, one of whom had worn a double set of his manufacture more than a year, which were firmly kept in place by atmospheric pressure alone. The work could not be excelled, nor could any body look better with the teeth nature gave her than this one did with the doctor's.

Worcester Medical Institution.—A catalogue of the students and faculty at the new chartered Thomsonian school at Worcester, Mass., has been received. Although "in its infancy, it has begun to exert an important influence on the public sentiment in New England," says the circular; but it must, we should suppose, be a source of deep mortification and alarm to the cultivators of literature and science. Never before, in the history of

legislation in Massachusetts, was there such a piece of folly perpetrated by the Legislature as the incorporation of this school. That the faculty are as profoundly ignorant as they are cunning, no one supposes; but will all this outward show of sacrificing love for the dear people, who are killed off by hundreds with calomel, antimony and various other horribles, under the wicked control of regular physicians, be satisfactory? The professors must laugh in their sleeves when out of sight of their pupils and patients; aye, and that is not all—laugh at the General Court, the Governor and his dignified associates, who gave the finishing touches to the parchment of their mis-called medical institution.—There were 29 students attending the lectures of the school recently, according to the catalogue alluded to.

Medical Graduates at the Maine Medical School.—On the 19th of May the following gentlemen were admitted to the degree of M.D.:—Henry M. Adams, Hallowell, Abuse of Medicines; Sumner B. Chase, Scarborough, Gravid Uterus; John V. DeGrasse, New York, Syphilis; Charles R. Dunlap, Brunswick, Intermittent fever; Jonah F. Dyer, Eastport, Acute Hydrocephalus; Nathaniel A. Eells, Belfast, Concussion of the Brain; Albion P. Hilton, Denmark, Cynanche Trachealis; Edwin Mayberry, Windham, Malaria; Alpheus F. Page, Bridgton, Melanosis; John S. Parker, Farmington, N. H., Pneumonia; John W. Robinson, Litchfield, Anæsthetic Agents; Edwin P. Snow, Atkinson, Progress of Medicine; James D. Watson, Bradford, Rubeola; Thomas J. White, New York, Puerperal Fever.

Professor Silliman.—The newly-elected Professor in the University of Louisville, gratified his friends in this city with a short visit a few days since. We learn that the Board of Trustees, at his suggestion, have ordered large additions to the already excellent suit of chemical apparatus in the school. The impression made by Professor Silliman upon his new friends here is all that his friends in New England could desire. No one who has had the advantage of his acquaintance doubts that he is a most valuable acquisition to the school and the city.—*Western Journal of Medicine and Surgery.*

Medical Miscellany.—The Brooklyn, N. Y., Board of Health will not allow a reporter to be present at their deliberations.—A ship arrived at New Orleans from Bremen, which lost 17 passengers on the voyage by smallpox. A large number were landed sick with it.—On the 13th inst. the American Institute of Homœopathy held its annual session at Philadelphia.—A State Thomsonian Medical Society was held at Albany, N.Y., on the 12th inst. The New Hampshire Botanic Medical Society met on the 7th; and the Bay State Medical Reform Association met at the City of Worcester, on the 6th. June seems to have been a perfect jubilee for quacks of all orders.—Among the 178,000,000 persons constituting the population of Europe, 17,900,000 are beggars, or persons who subsist at the expense of the community.—Of 248,554 children whose births were registered in England during the two last quarters of 1841, 15,839 were illegitimate.—A hitherto unknown race of people has been discovered, it is said, in the interior of Africa. The men are tall and powerfully built,

standing seven to seven and a half English feet in height, and black in color, although destitute of the usual character of negroes in features.—What has become of Buchanan's Journal of Man, that was to have been issued at Cincinnati in January last? It was required of those who wished to be employed in the benevolent service of gathering up subscribers, "*that they should have some knowledge of phrenology, physiology and collateral branches.*"—A doctor Andrews recently attended a case of sickness in the family of a wealthy farmer at Lower Mt. Bethel, N. J. The farmer refused to pay the doctor his fee, whereupon the latter seized the farmer's daughter, placed her in a carriage, and drove off at full speed. The doctor has eluded pursuit, and the girl is still in his hands.—Sulphur has risen in New York, from $28 a ton to $34, since the announcement of its being a specific for cholera, and is held by some as high as $36. Sulphur pills are sold in immense quantities by the druggists, and sulphur candy is advertised by the confectioners.—An ordinance has been passed by the Philadelphia City Council, prohibiting the practice of sprinkling the streets, and imposing penalties for a violation of the same. The Committee on Cleansing deem the humidity of the atmosphere, created by the watering of the streets, unhealthy.—Five children of Mr. William Yates, near Russelville, Ky., died recently of scarlet fever in the short space of four days.—A young girl, in Keene, N. H., of the name of Brooks, died on Saturday last of hydrophobia. She was bitten by her father's dog on the 10th of May.—A tumor, weighing half a pound, was taken from the back of the neck of a man at Chicopee, Mass., by Dr. Ellis, without chloroform.—Dr. R. R. Mussey is president of the Medical Society of Ohio.—Drs. Wesselhœft and Birnstill have been active in the German meeting held in Boston, to express sympathy for the patriotic efforts of their countrymen abroad. Dr. Kraitzer is president. Dr. Hoffendahl is on the committee for revising the constitution of the Society. Physicians are always patriots.—Dr. Newton Lane, of Louisville, Ky., is a candidate for Congress.—Dr. Hamilton is to be a professor in the Princeton, N. J. Theological Seminary.—No cholera patients will be taken at the Massachusetts General Hospital.—Charcoal venders, in London, it is said, have escaped the cholera. Some of the same class of men in Boston have escaped the House of Correction for cheating in measure!

ERRATUM.—In the list of Committees of the American Medical Association, in last week's Journal, notwithstanding numerous corrections, a few of the names were incorrectly printed. That of Dr. B. R. Jones, should have been James Jones; Sylvester should have been Silvester; Ramsay should have been Ramsey; A. G. M. Cooke should have been A. T. M. Cooke; A. S. Holmes should have been R. S. Holmes.

MARRIED,—J. C. Jackson, M.D., of Boston, to Miss M. W. Childs.—At New York, Lewis T. Warner, M.D., to Miss E. W. Gray.—In Boston, J. F. W. Lane, M.D., to Miss P. A. Stewart.

DIED,—At Flushing, N. Y., Dr. James M'Donald, one of the proprietors of the Sanford Hall Lunatic Asylum.

Report of Deaths in Boston—for the week ending June 15th, 53.—Males, 32—females, 21.—Of consumption, 9—scarlet fever, 10—lung fever, 1—typhus fever, 1—old age, 4—disease of the heart, 4—cholera, 2—intemperance, 2—measles, 2—infantile, 3—inflammation of the lungs, 1—hæmorrrage, 1—cholera morbus, 1—convulsions, 1—drowned, 1—disease of the brain, 1—hooping cough, 1—accidental, 1—inflammation of the bowels, 2—bilious fever, 1—rupture of bloodvessel, 1—gastritis, 1—erysipelas, 1—canker, 1.

Under 5 years, 22—between 5 and 20 years, 8—between 20 and 40 years, 13—between 40 and 60 years, 4—over 60 years, 6.

American Medical Association.—Boston witnessed, on the 1st of May last, a large assemblage of medical practitioners from various portions of our country.

Three very impressive convictions occupied our minds in contemplating the imposing spectacle before us.

1st.—The science of medicine is an exalted subject of intellectual labor.

2d.—The profession of medicine is one of honor and dignity.

3d.—The spirit of progress and of mutual respect, penetrated and filled the minds of the numerous assembly.

Medicine is a noble science—for here were many highly educated minds, well disciplined in the ways of seeking and finding truth, whose days and nights had for a series of years been devoted to medical inquiries. And yet, these cultivated minds were eager after new revelations of medical truth. They felt assured that an immense field of inquiry was stretched out before them for their sedulous and prolonged research.

The profession of medicine is one of worth, dignity, and consideration among all classes of society. True, quackery lifts everywhere its brow of ignorant presumption; but how is it recognized as quackery except by the light which true science sheds around its hateful presence? In every part of our land, and conspicuously so in Boston, the medical profession possesses weight, and from it there radiates a beneficent and cheering influence upon the whole community.

Whatever education can confer, polished manners recommend, and high moral excellence command, are realized in the medical profession of Boston. Amenity of social intercourse, with thorough scientific culture, are possessed in happy combination by our professional brethren of the "Athens of America." And in a most agreeable way did their liberal culture and professional kindness show themselves towards the members of our recent Medical Association.

And this genial welcome, and prompt reception, evinced themselves by acts corresponding to the occasion. And other citizens, besides the medical practitioners, showed equal readiness to do honor to this convocation. The spirit of fraternal respect spread a hallowed lustre over the association. Subjects pertaining to medical education, to the improvement of medicine and surgery, and to the elevation of the profession in all respects, as an honorable and useful calling, were discussed with a moderation, sobriety and earnestness well befitting this meeting.—*Western Lancet.*

St. Louis Medical and Surgical Journal.—The editor of this work addresses the following note to the editors of the Western Lancet:—

Gentlemen,—Will you be good enough to state in the next number of your Journal that, during the late destructive fire which well nigh consumed our entire city, the office at which the St. Louis Medical and Surgical Journal was printed, was destroyed, and with it all the type, manuscript, back numbers and other material of the Journal. The next number was to have been issued in a few days. At present everything is in confusion, but as soon as we have an opportunity of looking around, other arrangements will be made, and the work commenced again with as little delay as possible; in the mean time we take this method of informing our readers of the cause of our suspension, and to bespeak their kindly indulgence. We would also be gratified if other Journals would make the same announcement. With sentiments of respect and esteem, I am, Gentlemen,

Your obedient servant, W. M. McPheeters,

St. Louis, May 21st, 1849.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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AN ESSAY ON INTESTINAL AUSCULTATION.

BY CHARLES HOOKER, M.D., PROFESSOR OF ANATOMY AND PHYSIOLOGY IN THE MEDICAL INSTITUTION OF YALE COLLEGE.

Read before the New Haven County Meeting of the Connecticut Medical Society, April 8, 1847, and communicated for the Boston Medical and Surgical Journal.

The object of the following essay is to draw attention to an application of the art of auscultation hitherto neglected—the auscultation of the sounds produced in the intestinal canal. The cavity of the stomach and intestines, both in health and disease, contains, together with solid and liquid matters, a considerable quantity of aeriform substances. This is shown by examination after death, when air is invariably found in the intestinal canal, and may also be rendered evident, at any time during life, by percussion. These aeriform substances consist of common air, hydrogen and its different compounds, carbonic acid, and various other gases, in variable quantities and proportions in different subjects and in different conditions of the body.

The peristaltic action, which is constant in health and is commonly continued in disease, necessarily produces motions of the solid, liquid and gaseous contents of the intestines; and from the known laws of acoustics it might be philosophically inferred that these motions would be productive of sound. These sounds are sometimes audible at a distance from the body, and are noticed, under the term borborygmi, as a symptom in various diseases. As the quantity and proportions of the liquid and gaseous contents of the intestines are known to vary, and the peristaltic action to be variously modified, by the changes of disease, it might reasonably be presumed that the sounds produced within the intestines would be subject to corresponding variations; and it is not unphilosophical to suppose that these varieties of sound may afford valuable practical indications.

It is remarkable that a celebrated English philosopher, who was not a medical man, directed attention to this subject, many years before the discovery of the art of auscultation by Laennec. Hook, in his posthumous works, says, "There may be a possibility of discovering the internal motions and actions of bodies by the sound they make. Who knows but that, as in a watch we may hear the beating of the balance and the runnning of the wheels, and the striking of the hammers, and the grating of the teeth, and multitudes of other noises; who knows, I say,

but that it may be possible to discover the motions of internal parts of bodies, whether animal, vegetable or mineral, by the sound they make; that one may discover the works performed in the several offices and shops of a man's body, and thereby discover what engine is out of order, what works are going on at several times, and lie still at others, and the like?" "I have this encouragement"...." from experience, that I have been able to hear very plainly the beating of a man's heart; and *it is common to hear the motion of the wind to and fro in the guts* and other small vessels; the stopping in the lungs is easily discovered by the wheezing." The prediction of this philosopher, who, as Dr. Elliotson observes, seems almost to have prophesied the stethoscope, has been fully verified in reference to the thoracic viscera and the gravid uterus; but to this time it has been strangely neglected in the investigation of the condition and action of the intestinal canal.

It is now more than twenty years since I have habitually attended to the sounds produced in the abdomen in various diseases; and in the early stage of my investigations I indulged the hope, that in disorders of the intestinal canal auscultation might gain nearly the same distinctness and precision, that it had already acquired in relation to thoracic diseases. Though I long ago relinquished a degree of this sanguine expectation, continued observation has confirmed my opinion of the importance of the subject, and has enabled me to discover practical indications which I regard as of great value.

When the ear is applied to the abdominal parietes of a healthy subject, there is heard an almost constant succession of sounds produced by the motion of the contents of the intestinal canal. These sounds are varied by many causes, such as the quickness, regularity, and other variations of the peristaltic action, the degree of fulness of the intestines, the proportions of the gaseous and other contents, the fluidity of the liquid contents, &c. The sounds, thus varying with the causes of their production, afford indication of these several causes; and they thus become signs of actions and conditions of the intestines, a knowledge of which is of the utmost importance in investigating the diseases of these viscera. In most diseases of the intestinal canal the sounds do not afford definite diagnostic signs to characterize the different diseases, like the diagnostic signs disclosed by auscultation in thoracic diseases. They are chiefly signs of particular conditions or actions, which may occur in various intestinal diseases, rather than diagnostic signs to distinguish different diseases. In some diseases, however, signs are thus obtained, which perhaps may be considered as truly diagnostic of the diseases in which they occur.

In the *Asiatic Cholera*, which prevailed in New Haven in 1832, this application of auscultation was attended with interesting results, which were noticed in an account of the cases which came under my observation, published in the Boston Medical and Surgical Journal for July, 1833. Writers generally noticed the loud borborygmi, audible at a distance from the patient, which occurred in that disease; and to the ear applied over the abdomen the sounds were so peculiar—at least so different from what I have observed in other diseases—that they seemed

distinctly characteristic of that disease. These sounds manifested a rapid commotion of the whole intestinal canal, and might be compared to those produced by shaking together several flasks of various sizes partly filled with water. Frequently the sounds appeared to indicate that the rapid peristaltic motions were suddenly arrested and reversed by an anti-peristaltic action, which occurrence immediately preceded a paroxysm of vomiting. The large quantity of serum effused into the intestines, causing an extreme fluidity of their contents, with the rapid and irregular peristaltic and anti-peristaltic motions, would sufficiently account for this unusual variety of sounds.*

The effects of various remedies upon the intestinal action, as indicated by the sounds, were carefully observed. Practitioners were generally disappointed, in that disease, to find the frequent vomiting and purging not checked by the administration of stimulants and astringents; and the sounds manifestly indicated that the common effect of these remedies was decidedly to increase the intestinal commotion. Such was the manifest effect of opium, unless given in doses so large as to produce alarming prostration. On the contrary, frequent small doses of camphor, with a free administration of ice, appeared to have a soothing operation in moderating the rapid and irregular intestinal action. The comparative effects of large and small doses of calomel were strikingly interesting. Frequent small doses did not seem to diminish, but at least temporarily to increase, the disordered peristaltic and anti-peristaltic motions; while a single drachm dose almost invariably caused a total suspension of these motions. Calomel, in very large doses, thus seemed to be the appropriate remedy for the disease. It appeared to overpower the diseased intestinal action, arrested the vomiting and purging, and caused a total suspension of all intestinal motion, during which no sound was audible. An interval of perfect intestinal silence and repose now continued, ordinarily from eight to twelve hours, after which a natural peristaltic murmur indicated a gradual return of healthy action, which was in time succeeded by the grass-green evacuations, commonly regarded as evidence of a favorable crisis of the disease. Thus the large doses of calomel, instead of exhausting the system by an excessive cathartic operation, actually obviated exhaustion by arresting the profuse serous evacuations attending the disease.

Ordinarily the danger was considered as overcome, when the disordered intestinal action was suspended, and the stage of repose produced; and in this town few cases terminated fatally, when the practice was adopted of effecting this result by the large doses of calomel, before the system had been extremely exhausted by evacuations. In one case, however, that of a little girl, 10 years of age, who, without any premonitory symptoms, was most violently attacked with vomiting, purging and spasms, this treatment had the ordinary effect of promptly arresting the intestinal motions; but the system did not re-act, the pulse failed and became

* It remains to be shown, whether these sounds are constant diagnostic signs of this disease, or whether, as I have observed in dysentery and other diseases, the varying epidemic type, in different seasons, will produce in cholera a variation of morbid intestinal action, with a corresponding variety of sounds.

imperceptible within an hour from the attack, the coldness and lividity of the surface increased, and, without any return of peristaltic action, the patient died five hours from the attack.

Cholera Morbus is usually attended with intestinal sounds, which indicate a succession of quick and irregular peristaltic and anti-peristaltic motions. In some cases these motions continue until the contractile power of the intestines seems nearly exhausted, when a feeble, but more regular, peristaltic murmur indicates a gradual return of healthy action. The violent symptoms are not succeeded, as in Asiatic cholera, by a long interval of total inaction of the intestines; and the sounds are very different from those heard in that disease.

There is, however, a great diversity in cases commonly termed cholera morbus. Some cases commence with a violent diarrhœa, on the cessation of which occurs an obstinate vomiting, during which, as in colic, no intestinal sounds are heard, except those produced by anti-peristaltic action. Other cases commence with vomiting, without any downward motions, until at length the action is reversed, and the disease terminates with diarrhœa.

Colic is a disease which is variously divided by writers into several species. One of these, termed c. rachialgia, c. pictonum, &c., produced by the poison of lead, has characteristics certainly sufficient to give it a specific distinction; but the other divisions, I think, have reference to various exciting causes, or attendant circumstances, rather than to any proper specific characters. In the various forms of this disease auscultation affords results, which I regard as highly interesting, and of much practical value, and which may throw some light on the pathology of the disease.

Common Colic is characterized by "griping pain in the bowels, chiefly about the navel, with vomiting and costiveness." The exciting causes are various, as irritating indigested food, biliary derangement, habitual costiveness, hardened fæces, flatus, worms, exposure to cold, and—what I consider as much the most common cause—rheumatism affecting the intestines. With these various exciting causes, the general characters of the disease are similar; the severe griping pain, obstinate constipation and vomiting, constituting the prominent symptoms.

There is, however, an *incipient, forming, or latent stage*, which with strict observation I think may always be noticed, preceding the pain and other violent symptoms. The symptoms of this stage somewhat resemble those which precede the cold stage of intermittent fever. There is a general languor and inaptitude, often a degree of moroseness or peevishness, and commonly a slight chilliness. The sensations in the abdomen are variously described by patients, as a numb, dead, heavy, or cold feeling. Many speak of a sensation as of a cold weight, felt mostly between the region of the stomach and umbilicus. The physician is rarely consulted during this stage; and the symptoms are so slight, that ordinarily they are not particularly noticed by patients unaccustomed to attacks of the disease; while persons subject to frequent attacks learn to notice these sensations as the invariable precursors of the more violent symptoms. In this stage, which continues in different cases from half

an hour to several hours, auscultation discovers a perfect stillness within the abdominal cavity. Sometimes there is an occasional rumbling in the course of the large intestines ; and, with a desire to relieve the unpleasant sensations, the patient, by a voluntary straining effort produces an evacuation of fæces with a quantity of flatus. There is, however, no indication of the slightest motion in the small intestines. This forming or latent stage of colic, which is commonly overlooked both by patients and physicians, is deserving of particular attention ; because during this stage the peristaltic action is easily restored, and the violent symptoms thus prevented. In many cases this may be effected simply by the application of heat to the surface, especially to the extremities. Friction to the abdomen, with a sort of kneading process, contributes also to this effect. Often a free draught of hot coffee, or of some aromatic infusion, is sufficient; in other cases, a small dose of rhubarb, or other mild cathartic, with some aromatic, is required. A few drops of cajeput oil will commonly promptly restore the peristaltic action. My usual remedy for this purpose is camphor, in frequent small doses; and I have instructed many persons to ward off habitual attacks of colic, by carrying constantly in the pocket a small piece of camphor, to be gradually dissolved in the mouth, and swallowed with the saliva, whenever these premonitory symptoms occur. This remedy is often more effectual, in exciting peristaltic action in such cases, than a brisk cathartic.

This forming stage, unless the peristaltic action is soon restored, is succeeded by the violent symptoms of the disease. With occasional short remissions, the pain becomes severe ; the abdominal muscles are rigidly contracted, producing a knotted appearance of the surface, and there is occasional nausea and vomiting. The patient groans, and throws himself into various positions, with the vain hope of relieving his distress. In this, as well as in the forming stage of colic, the ear applied to the abdomen discovers no evidence of peristaltic action, but on the contrary a perfect stillness within the abdominal cavity.

This *cessation of peristaltic action*, I may confidently assert, is a chief *essential character of colic;* the motion being suspended before the occurrence of the violent symptoms, and not recurring until the disease is about to yield. Sometimes, during the violent contortions of the body, a momentary sound is heard, indicating a slight intestinal motion, which seems to be produced by the mechanical pressure of the abdominal parietes, rather than by a peristaltic action. Occasionally, too, there are sounds produced by anti-peristaltic motions, which motions either terminate at the stomach causing simply nausea, or extend into the stomach so as to excite vomiting. By these circumstances, and by the variety of sounds, anti-peristaltic motions can commonly be distinguished from a regular peristaltic action. This distinction is important, for as a cessation of peristaltic action is a main essential character of colic, so a return of this action indicates a favorable crisis of the disease. The sounds produced by anti-peristaltic motions are only occasional and transient, proceeding commonly from a limited portion of the intestinal canal ; and they are usually succeeded, as before stated, by nausea or vomiting. Those attending a regular peristaltic action are produced

throughout the whole course of the intestines, constituting an almost incessant rumbling, heard distinctly at one moment directly under the ear, then gradually receding until it seems like a distant echo, and again returning in the course of the convolutions of the intestines. There is thus a union of near and distant sounds, indicating a general action throughout the intestinal canal. When this description of sounds is heard in colic, the patient may be considered as safe, even if the pain continues severe; on the contrary, a complete subsidence of the pain and other violent symptoms, unless attended by a return of healthy peristaltic murmur, affords no favorable indication, in any stage of the disease, and in an advanced stage, when the strength is exhausted by protracted suffering, it indicates extreme danger—a loss of the sensibility and excitability of the intestine, and a failing of the powers of life.

Commonly, a return of peristaltic motion is followed, almost immediately, with a relief of pain and other severe symptoms; but in protracted cases, when the bowels have become inflamed, and the soreness such that the least external pressure cannot be tolerated, this return of peristaltic motion causes a decided increase of pain. This circumstance is similar to what is often observed during the resolution of pneumonia, when a return of respiration to a portion of inflamed lung, which has previously been impermeable to air, produces the keenest pain. In such cases auscultation informs us that all is well, when the sensations of the patient would indicate an aggravation of the disease. The signs thus furnished, in colic and other diseases, will often direct the withholding of medication, when it is no longer required, and when its continuance might sometimes be injurious. Frequently they have enabled me to assure patients that the cause of difficulty was removed, and that my services were no longer required, some hours before the general symptoms showed signs of any mitigation.

Some eighteen years ago, I called one morning to see an eminent medical friend, who had been subject to frequent attacks of colic, and who was now thought to be dying, after a night of extreme suffering with this disease. Applying my ear to the abdomen, I immediately assured him that a regular peristaltic action was restored, and that the danger was over. He replied that he experienced no relief of symptoms, saw little reason for encouragement, and felt as though he could survive but a short time. The pain was now severe and increasing; and it was more than two hours from this time before the apprehensions of the patient, and of his friends generally, were at all relieved. In this case, as in many others that I have observed, it was full three hours, after my confident assurance that the disease had made a favorable crisis, before there was any evacuation from the bowels.

In March, 1847, I was called at night to a man affected with colic. After the usual precursory symptoms, he had now, for about two hours, suffered severe pain, which had suddenly increased within the last few minutes, so that he could hardly be confined to the bed. The application of the ear discovered a regular active peristaltic motion. I concluded that this was a case, such as are sometimes observed, of a spontaneous restoration of peristaltic motion, and that this returning motion

had caused the present sudden increase of pain. As the pain had not continued long enough to induce any considerable inflammation or soreness of the intestines, I did not hesitate to assure him, that if he would keep warm in bed, the pain would soon subside. I remained with him about thirty minutes, and left him in a quiet sleep—not taking to myself the credit of a cure, as I might have done, had not auscultation informed me that a spontaneous natural action had rendered medication unnecessary.

Pathologists entertain different opinions in reference to the immediate cause of colic. Some, with Cullen, consider the symptoms as owing to a spasmodic constriction of the intestines; while Abercrombie and others attribute the inaction of the intestines to torpor, or a loss of their muscular power. I am inclined to the latter opinion—to attribute the inaction of the intestines to a suspension of the motor nervous influence, and the supervening pain to a morbid excitement of the sensitive nerves. Such an association of paralysis of motion, with morbid sensibility, is not uncomnion in other parts of the body. Paralysis of the limbs is often attended with paroxysms of severe pain: and in a painful sciatica, and in neuralgia of various parts of the system, the motor nervous influence is usually more or less diminished.

It is well known, however, that all the symptoms of colic are produced by any obstruction which mechanically arrests the motion through any portion of the intestines; as in strangulated hernia, involution of the intestines, and in cases of obstruction from impacted fæces, calculi, or any solid substances in the intestinal canal. It is remarkable, moreover, that the same results are caused by sympathy of the intestines with obstruction in other parts; as a foreign substance in the *cul-de-sac* of the appendix vermiformis, calculi in the ureters, gall-stones in the biliary ducts, and also in severe cases of dysmenorrhœa.

In all these affections, in some stages of the complaints at least, there is the same total suspension of peristaltic motion, which occurs in colic. When the mechanical obstruction is obviated in these complaints, as in the relief of the strangulation in hernia, it is commonly observed that the relief is immediately succeeded by a rumbling sound in the intestines, which is usually followed by alvine evacuations.

It may be difficult to explain how these various mechanical obstructions should cause a suspension of the motor nervous influence in the intestines; but from my observations I may assert that there is commonly (I would not say invariably) the same numb, heavy sensation, preceding the pain and other violent symptoms, that I have described as constituting the forming stage of colic.

[To be continued.]

J. S. J.'S REMEDY FOR WORMS.

[Communicated for the Boston Medical and Surgical Journal.]

In No. 13, Vol. XL., of the Boston Medical and Surgical Journal, there is a communication from a correspondent, J. S. J., on the subject of

intestinal worms. The writer has made a very material and important omission in not disclosing the "treatment." He says, "accident placed at his disposal the knowledge of a seed from which an emulsion was made. This, aided by adjunct remedies, all of harmless nature, given in fifteen cases of tape-worm, has not failed, once, within twenty-four hours to expel the worm." He says, "the seed is as common as that of the apple or orange"—but further saith not; consequently the whole of his communication has no more point in it, than if he had said "he had discovered a new remedy for worms," and added no more. Now may I ask of him, through you, to state in the Journal what the remedy is, and how he administers it? W. A. Gillespie.

Louisa Co., Va., June 11, 1849.

HELONIAS DIÆCIA—UNICORN PLANT.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having, for nine years past, used this article in certain forms of disease, as a remedial agent, and found very beneficial results to accrue, I feel desirous of introducing it to the profession.*

The affections for which it is peculiarly applicable, are such as have their origin in *atony* of the generative organs of both sexes, but *particularly* those of the female.

In leucorrhœa I consider it invaluable. This, as we are all well aware, is a source of infinite annoyance to the patient. How often do we hear complaints of "pains in the head, side, back and loins, loss of strength, failure of appetite, chilliness, dejection of spirits, and occasionally difficult respiration, palpitation, fainting, swelling of the extremities," &c. &c. Our first impressions may be that we have a formidable organic malady to contend with, but upon making further investigation we find that the patient, for a longer or shorter time, has had leucorrhœa, and perhaps at the catamenial period an undue flow of that secretion. It is in such circumstances that the unicorn, judiciously administered, has produced the most happy results. I use it with a confidence I attach to *no other medicine.* Under its influence, the patient, whose life heretofore has been almost a burden, soon revives. Her uncomfortable sensations vanish, and ultimately an entire recovery of health and strength is established.

This article may be given in the form of powder, tincture, or syrup. It can be found at Mr. Wm. Brown's, 481 Washington street, Boston. The syrup is the most eligible, and Mr. Brown has prepared this in an exceedingly compact and elegant manner. Dose of the powder, ʒ jss.; of the tincture, f ʒ j.; of the syrup, f ʒ iij.; to be taken three times a-day, half an hour before the ordinary meals. The quantity may be increased if the patient bears it well, according to the exigencies of the case, but in irritable stomachs nausea is sometimes produced, when it will be necessary to diminish, rather than to augment the dose. I. G. Braman.

Brighton, June 21st, 1849.

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* Unicorn is employed by the disciples of the botanical school, as a curative agent. *Vide Mattson.*

CASE OF ALLEGED CONSPIRACY TO CONFINE A MAN IN A LUNATIC ASYLUM.

[A Letter to the Editors of the New York "Home Journal," dated Philadelphia, April, 1849.]

The case of alleged conspiracy to confine a sane man in an Insane Asylum, to rob him of his property, has excited our city in an unusual manner, and given rise to many unfounded rumors, which I beg leave to correct through the medium of your widely circulated paper.

The case of Morgan Hinchman is one of the most remarkable on record, the first of the kind in this country, and I trust it may prove the last. One hundred and fifty witnesses have been examined, one month occupied in the trial, and the jury, after being out near five days, have rendered a verdict of $10,000 damages against seven of the defendants out of the fourteen originally indicted. The representations, with which the public mind was filled, created an idea of wrong and outrage without a parallel. A man of perfectly sound mind, a shrewd, active, intelligent Quaker, was suddenly seized by six conspirators, dragged from his business and his family, his loving wife and little children, and forcibly confined in the insane asylum at Frankfort, Pa., six miles from Philadelphia, and there imprisoned for six months among raving lunatics and madmen, by whom he was assaulted and frightfully abused. That all this shocking violence was done to get possession of his property. The city has been shocked, and a cry of vengeance raised against the perpetrators of an outrage which shames the Spanish inquisition or the dungeons of the Bastile. The most frightful pictures have been conjured up, and so artfully arranged and widely disseminated, that a considerable portion of our citizens would, if on the jury, not only give the 40,000 dollars which Mr. Hinchman claims as damages, but would actually send the defendants to the State prison for life. Indeed, the recital of the plaintiff's wrongs and sufferings by his counsel and the principal witness, filled the crowded court-room with grief, and audible sobs from some, while the counsel, portions of the jury, and the venerable judge himself, shed tears. It was a scene to move the stoutest heart.

Is there not, possibly, some excuse for these defendants? I ask this with that confidence which a fair and candid examination of the evidence warrants, and I will lay the proof before your intelligent readers. I ask it in vindication of an institution which is the boast of Philadelphia and an honor to the country. I ask it in vindication of the abused and maligned character of a large, a quiet, and intelligent class of our citizens, who, since the days of William Penn, their illustrious progenitor, have been conspicuous for active benevolence and christian philanthropy. I ask it in sympathy for an aged, slandered mother, an afflicted wife, and affectionate sisters. And, above all, I ask it in vindication of the character of our city, thus stigmatized as the scene of such crimes. On the one hand, the evidence is clear and full, that the offence, if offence there has been, was done by the mother and the wife, urged thereto by his own sisters and his wife's sisters—the members of both his own family and his wife's family. That all that was done was from the most kind and conscientious motives; in the language of his mother, "had I loved my son less, I should not have done as I did. It was for his benefit, and no other

earthly consideration, induced his wife and me to have him taken to the asylum."

The asylum is pleasantly situated, without any appearance of bars, grated windows, or any other outward signs to indicate its character. It has a fine library, gardens, and extensive grounds for the use of patients, and is, altogether, admirably adapted to its design. The establishment was created by a number of benevolent Friends, at a cost of about $75,000, and is under the care of managers, who not only receive nothing for their disinterested services, but actually aid in defraying its current expenses out of their own pockets. It is purely beneficial, with no view to profit. Such is the institution; such the managers, some of whom have, for the sake of three dollars per week, the amount received for his board, maliciously conspired to rob the plaintiff of his little property!

It will occupy too much space to go over the testimony of thirty or forty witnesses who testify to the insanity—of his dashing himself down, without apparent cause, and rolling himself over and over—of keeping a hog in his kitchen—stripping himself naked in his kitchen, to bathe in the presence of a female—getting respectable Quaker ladies into a wagon, under false pretences, and dashing through the streets at the peril of their lives, with a young horse unbroken to harness.

These may be termed small matters, but in the aggregate they are clearly evidences of a singular mind. Many of the witnesses, though unable to give the particular or precise language made use of by the defendant, owing to the lapse of time (two years), and not having charged their memories with the incoherences, so called, were nevertheless clear and unreserved in their positive belief. The physician of the asylum, who had for seventeen years officiated there, Dr. Evans, says, after describing his physical diseases, that "there was a morbid irritation of the brain, interfering with the healthy performance of its functions, and producing partial insanity; which insanity was manifested by perverted moral feelings, especially in relation to his family." The doctor gives several striking and singular proofs of his conduct while under medical treatment in the asylum—such as his delusion in regard to a loathsome disease, which he persisted for months in believing he was afflicted with, notwithstanding the doctor's positive assurance to the contrary—and "his assuring me that his wife, his mother and sister-in-law were all crazy—his anguish of mind, in believing he was confined in the asylum as a punishment for having robbed the bank. His feelings towards his wife and mother fluctuated, sometimes saying they had acted from the best motives, and admitting that his treatment was right and proper. I believe," continues the doctor, "it was to be expected that, unless measures had been taken for his immediate cure, he would be likely to become more and more deranged, and finally incurable. I think the disease could be best treated by placing him in this institution, and that it was kindness to him to place him there under treatment. It is generally desirable that a patient should be removed from his family, and no doubt exists that he was benefited by seclusion, quiet and medical treatment, which gradually restored him to health."

Dr. Kirkbride, of the Pennsylvania Hospital, testified that there are species of insanity which do not affect the reasoning faculties, and that such always require medical treatment and restraint. That the earlier such patients are subjected to treatment, the earlier will be their recovery. This was presumed to be Hinchman's case, as, in ordinary affairs, he was shrewd and intelligent—at times remarkably so.

Dr. Worthington, Dr. Evans, Dr. Kite and Dr. Griscom, "prosecuted as conspirators" in this case, are all gentlemen of the first standing, distinguished alike for benevolence, humanity and professional talent.

But, passing all the great mass of testimony, we come at once to the mother's. This is every way important. In considering this, it is proper to state that Mrs. Hinchman was left a widow and destitute when her son Morgan was seven years old; that she brought up her family of five children, and, by her own untiring exertions, educated them all in a manner that extorted the highest encomiums from the judge in his charge to the jury. She was proved by her own children, and by the united testimony of several highly respectable witnesses, to have been a "most kind, affectionate and conscientious mother." The testimony of this mother—extorted from her reluctant lips—is entitled to reasonable credence, supported, as it is, by her solemn affirmation, and by near forty other witnesses. How, with such evidence, and under such circumstances, it is possible to doubt that mother's story, we cannot conceive; when, especially, we consider that the wife of Morgan Hinchman poured her own fears and sorrows into that same mother's bosom. As the judge, in his charge, observed, that wife, who knew his every action, who felt every pulsation of his heart, she best knew the true condition of her husband, and the necessity for pursuing the course they did. The guilt, if any, centres upon these two. The crime of the other "conspirators," consisted in yielding to the prayers of the mother and wife to aid in saving one whom they tenderly loved. The mother, Mrs. Eliza W. Hinchman, under her solemn affirmation, declared as follows:—"I was always on terms of the closest intimacy and most affectionate feeling with Margaretta, my son's wife. Morgan's behavior was at times unaccountable; his very nature and disposition seemed changed. Though he had always before been amiable, kind and affectionate in his disposition, and lively and cheerful, he became morose, sullen and moody—would not speak when spoken to—so different from his natural manner, I concluded it must arise from a perversion of right feeling, an alienation of his mind and affections. He came to my house with his wife, in an highly excited state, wringing his hands and crying vehemently, and told me he had been a defaulter in the Penn Township Bank (of which Morgan was then a teller). He said he believed he would have to stand up in meeting and confess what he had done. I said to his wife:—'Surely he is crazy—he never could have done this.' He said then, in the presence of his sister Anna, his wife, and myself and my mother, it had been made known to him that if he did not stand up and confess, his first-born child would be taken from him. He said this confession was to be made in the North Friends Meeting, and I was afraid for several weeks to go to meeting lest I should see him do it. I said it could not be true; but if it

was, I told him to make instant restitution; to go to the bank and pay every cent, principal and interest, and then come away from that bank, if thee has nothing but thy coat left to thy back. I said if he paid every cent back he would be forgiven by his fellow-man and by his Almighty Judge." He did pay it back. (This is partly confirmed by Mr. Russell, the cashier of the bank, who testified to the missing of the money some time back, of Morgan's confessing he took it, and that he then paid it back, six hundred dollars, principal and interest; and though he asked to be permitted to remain at his desk the day out, he was compelled to leave at once.)

The mother details at length her visit to the son's farm, where she went to recruit her health, her confinement in the city having produced great debility, weakness of the breast, and spitting of blood. On the road, with two stout young horses, he complained so much of the load being heavy, that she asked him "how much?" He replied, "about one hundred pounds." She got out and walked. After a while she got in again, and on his continuing to complain of the load, she again got out and walked. "The next morning his wife asked me to go with her into the orchard to get some nice sweet apples. They commenced picking from that particular tree, because they would bake so nicely without sugar. Her son came up, appeared highly excited and exasperated, wrenched the little basket violently from his wife's hand, and told us to go to another tree. We had done nothing to exasperate him. His wife remonstrated, but made no resistance, saying to him she wanted those apples because they cooked so nicely without sugar. I told her to hold her apron and I would knock some down for her, for she had as good right to the apples as he had, as her money helped to buy the farm. He then seized me violently by the arm, and commenced dragging me; finding he could not get me along in that way, he gave me a kind of twist over the shoulder, and in that way was dragging me, when my cries brought assistance. I sat on the ground weeping for some time. My colored woman helped me into the house, and into bed, where I was bathed with something which Margaretta prepared. A wagon was obtained the next day, and as I was going away, Morgan came out, more like himself, and said: "Why, mother, thee is not going?" (Great stress is laid upon her not shaking hands with him, at parting; but we should suppose that, after such treatment, some manifestation of disapprobation and displeasure was natural, if not quite proper. Much, also, is laid on the remark made by the mother, as to the wife's right to the apples. This may have been injudicious, but it must be admitted that much depends upon the tone and temper in which this "gentle rebuke" of the mother was uttered, while some allowance is certainly due for the unnatural and ungenerous provocation. The bruises received by the aged mother required medical treatment for a week. This occurrence was in 1845. It was made the subject of inquiry at the meeting of which he was a member, but not at her instance. The mother testifies that on this, as on the Bank, and other occasions, she told no one. She tried to conceal her son's infirmities, and has never said anything about them until forced to do so.)

"His wife had always been a most kind, affectionate and devoted wife. She came to my house, saying her husband had refused to bring her, that he was in a highly excited state. We believed his situation was such as to require the immediate steps we took. (The conversation of the wife was ruled out, though this would have showed the state of insanity, and was, in fact, the actual foundation of the decision then come to. She was apprehensive of her own safety, and that of her children.)

After their course had been fully concluded on, the Richies, brothers-in-law, were applied to. "They positively refused to have anything to do with it, unless it was the wife's wish. These brothers had been Morgan's securities at bank, up to the time of his leaving, and were actuated, the mother says, by the kindest motives. It is important to show who were the first and prime movers in this alleged conspiracy. They were the mother and wife. Next come the two Richies, who, in being appealed to, said, in the language of the mother, "that, unless our minds were made up, as to the necessity and propriety of the step, they would have no hand in it. We told them it was; I mean his wife, his wife's sister, his own sister, and myself." Here, then, are the conspirators.

The plaintiff Hinchman himself, after having been in the Asylum some months, furnishes the best evidence of his having been safely placed where he was. He had the whole range of the grounds attached to the Asylum, some sixty acres, yet never went off; or if he did go off, was always sure to come back. He visited a distant friend (Shoemakers), staid all night, and when in that friend's carriage, next morning, insisted on getting out and walking, when near the Asylum, with the avowed reason "that his return might be, as it really was, entirely voluntary!" Another witness, Philip S. Justice, testifies that he was riding in the neighborhood of the Asylum, and met a man on the road, of whom he asked the way. He noticed he had a wild, deranged appearance. The man said, "do you not know me?" The witness did not, had never seen him before. "Why," said he, "I am Morgan Hinchman; my friends have put me in that Asylum, but I don't think I am insane." He said they had "killed his child; and his wife promised to come when the grass grew, but she had not." He said he had made his escape, but then added, "I am out on parole, but I don't think I'll go back, but I'll get a lawyer." After ten minutes conversation the witness drove on, and then looking back, saw Morgan climbing over the fence, anxiously struggling to get back into the Asylum.

If this is not a full admission of his having been of a singular mind, and of the good motives of his friends in placing him where he was receiving such kind treatment as his disorder required, then is the English language incapable of expressing a solemn, self-evident truth. The idea of his being restrained by "parole," is simply ridiculous, unless he was fully conscious of its justice and propriety. "Paroles," with kidnappers and malicious conspirators or robbers, are never kept, never binding; and if he was not conscious of this, it is only another proof his folly; yet all the evidence shows he was not a fool. This decision in his own case, *made by himself*, when out and at liberty, is a very significant deci-

sion, upon which the defendants were entitled to some mercy, and without a particle of other testimony.

Besides the large number of witnesses who positively testify to the insanity, from supposed knowledge, those fourteen persons whose mouths have been closed, as defendants, in the case, could have given some evidence of his most suspicious conduct, and so of his own mother, and his own wife, his sisters and brothers. They have testified to the same truth, and, moreover, under the most solemn influences, that mother has told her story; her long-indulged fears, and their causes; and in the most clear and impressive manner, has shown that whatever was done against Morgan Hinchman, her son, was done under the most conscientious conviction of duty; done for his own good, from the best of all possible motives, and done in a spirit of affection and love.

The character of this mother is unimpeached—it is unimpeachable. The plaintiff's own counsel, in the most decisive manner, declared they would not, and did not, impeach it. She has been proved, in that court, to possess a character without reproach, and on her testimony alone there cannot, there does not, exist a single earthly stain. Had she a motive for so shocking an outrage against her son, as is alleged to have been committed? Is she capable of periling her own soul with the guilt of perjury? Her testimony may outweigh that of a thousand witnesses who testify to what they never saw, of what they never heard, of acts and conduct which, never having witnessed, they can have no knowledge of.

The verdict, at length brought in, I have little hope will be set aside, though, on separately examining the members of the jury, there was evidence that all the jury had not a fair conception of who they had found for or against. Much of the deep-rooted prejudice to which I refer as existing here, may be traced to the early, one-sided publications, and the great length of the testimony, which prevented many from giving it the candid examination it merited. It is a common remark here that "we did not read all—there was so much of it we got tired." Now, as all the plaintiff's stories and evidence was brought in first, that had the first chance and took the deepest hold. So deep, indeed, that, with some minds, a Niagara cataract of truth could make no after impression.

I have been cautioned against making any publication on this subject. I trust a fair expression of opinion upon this remarkable case, and some of the reasons upon which that opinion is based, will not subject the writer to prosecution at the hands of those who may desire either to muzzle or intimidate the press. However much the low and grovelling character of a certain class of papers has had a tendency to degrade, in public estimation, the newspaper press, and render its boasted liberty a reproach, the time cannot yet have arrived when any fair and honest expression of sentiment, or statement literally confined to evidence given publicly, openly, in a court of justice, upon any subject, is a crime or an offence.

If the public press is to be muzzled, or only let loose on one side—if respectable, exemplary females are to be held up as monsters—if a

large, quiet, inoffensive class of citizens can be blackened as wicked and malicious conspirators, and their mild, benevolent institutions denounced as barbarous inquisitions and inhuman dens—if our most excellent physicians can be stigmatized as base conspirators, and the reputation of our city be seriously assailed, and our best citizens made objects of suspicion, distrust and dread to the stranger and to the country—if, I say, all this can be done, and no word of forbearance be allowed to escape through a single press of the city, then have we as perfect a censorship of the press as any kingly despot or foe to human liberty could desire. But I have no such apprehensions. I give this defence of the persecuted to the public with entire confidence that my motives will be truly appreciated ; and I give my address to the editors with the request that it shall be promptly given up to whoever may apply for it. I shrink from no responsibility, and will willingly meet the question as to whether we have or have not so much "freedom of speech" and "liberty of the press" as may warrant one honest word of consolation to the afflicted.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 27, 1849.

Hinchman's Case.—The fact that a man of the name of Hinchman had recently recovered heavy damages against various of his family and friends, for a conspiracy in placing and keeping him in the "Friends' Retreat for Persons deprived of their Reason," near Philadelphia, has been sent from one end of the country to another in the public journals. This, as an item of news, was natural and certainly unobjectionable, although the one-sided view and ungentle commentaries, frequently indulged in by those who draw their conclusions solely from *ex parte* statements, or from the feeling that the verdict of a jury is infallible, would have been spared, had the writers themselves read the testimony given at the trial. The Trustees and Physicians of the Institution were honorably discharged, no shadow of wrong doing appearing against them. The sole object of including them in the suit, doubtless, was to prevent them, the only actual witnesses of the man's true condition, from testifying on the trial.

The case is not decided, being hung up for a new trial, which it is devoutly to be wished may have its venue changed to some part of the State removed from the control of that somewhat notorious entity, a "Philadelphia jury."

It is probable that after alternate decisions, the one way and the other, a final result will be reached, more or less in accordance with right and justice, as the copper may fall heads or tails up. In Vermont, a few years ago, it was customary, in all trials, to have a process known as "trying the rubber"—each party having a right to a review. The third contest settled the question, if the lives and estates of the parties held out to the end of this alchemy of "the perfection of reason." There were piles of *oyster shells* for the litigants, whatever became of the *oysters.*

The summary of proof, in our present number, drawn from the testi-

mony as published in a New York paper, may be read with profit by that class of elevated and honorable minds, who are not ready, on the instant, to believe evil against their neighbor, and by whom the noble maxim of *audi alteram partem* is not practically unrecognized.

Institutions of such kind as the Friends' Retreat demand in a particular manner that generous support of the medical profession which they have so long and so well received, and especially against vulgar scandal and petty detraction. There is a morbid curiosity respecting the insane and their acts, giving rise to the strange propensity we find in hundreds to visit *public* institutions, as they would menageries, or even to still more exceptionable interferences in the unthinking and illiterate. Not satisfied with that minute, never omitted responsible inspection exercised by Boards of Directors and Trustees, selected in whole or in part by the Executive from the highest moral worth, the deepest philanthropy, and the keenest practical sagacity, whose personal and public character is directly involved in the management, and to whom the admission, keeping and discharge of each inmate is entrusted, we find volunteer patrons and protectors, not exactly of the character that an intelligent public would select for such, or indeed any other office. We find, also, a readiness in the mob-spirit, under the lead of such counsellors, to be inflamed by the most absurd rumors and ridiculous aspersions, which is truly wonderful. At Frankford Asylum, built by $75,000 of peaceable Quakers' money—the disinterested advantages shared to all the necessitous and afflicted—the militia were even called out at the instance of the insurance companies, to protect this noble charity against the tender mercies of a "Philadelphia mob," collected from the high-souled and oppression-hating alehouses and groggeries of the purlieus of that great city of mobs. Had no property rights, except those of the peaceful Friends, been involved, the scenes of Mount Benedict would have been still more awfully rehearsed!

A servant, discharged for petty larceny or abuse; an unrecovered patient, who objects to his temporary protection against killing his friends or firing his or their buildings; an inquisitive neighbor, who had refused to give a single night's sitting up to relieve the exhausted friends of the sick man, and had been refused an interview which he had no right to ask; or some creature in human form (for even so strong cases as this may have happened), infuriated because the officers of an institution recoiled from co-operating to make an unexceptionable wife a permanent, instead of a temporary, inmate of their walls, can easily raise a breeze of calumny in the orbits where they happen to move.

The medical profession in many parts of the country may be well excused for having little confidence in the decisions of courts and juries, as regards all matters touching their calling. The profound ignorance of lawyers upon all matters of science, is reflected to a jury, upon whom a decision of some nice point of professional practice is devolved, when no individual member of court, bar or jury, would trust his judicial compeer to administer a drench to his horse, if sick. Their individual ignorance when combined is the perfection of wisdom. The decisions of such bodies, especially in cases for malpractice, as presented time after time in our pages, are "passing strange." The weight of evidence is arrived at and handed over to the jury, by deducting the *numbers* of medical men who have sworn on one side, from the sum total of those on the other—even if such a balance should throw Abernethy and Cooper, Jackson and Warren, on one side, and Dr. This and Dr. That, unheard of beyond their own sawmill or grocery, on the other!

Fortunately in a highly cultivated community, such as it is our happiness to live in, all questions of a medical character, or involving professional reputation, may be safely trusted to our courts and juries. They have enough wisdom and not too much pride of opinion to ask for, and rely upon the skilful, experienced and morally elevated, whose characters and testimony are the dread of the ignorant and empirical, as they are the safeguard and stay of the well informed and conscientious.

The Judge in the above case, it appears by the report, had to deliberate over night whether the testimony of experts was admissible. He came, of course, to that only conclusion which most courts would have needed no time to pronounce.

Cholera.—Many of our readers express a hope that every item of cholera intelligence will be given in the Journal from week to week, and they further seem to concur in a desire for the publication of the true system of treatment. The daily press of the whole country anticipates us in chronicling the points where it is developed, the destruction that marks its progress; and with respect to remedies, there are scarcely two physicians who practise alike in the disease, either here or in Europe. It is therefore impossible to comply with the various suggestions and requests of gentlemen abroad, however gratifying it might be to do so. Our pages are open for discussion, for the registering of and for the diffusion of any kind of medical instruction that may be serviceable to the profession or the people at large.

A fearful mortality certainly follows the appearance of the cholera in many parts of this country; and still the word is, among some physicians, there is nothing to fear, it being harmless in its character and perfectly manageable. It is time for physicians to hold their peace, rather than attempt promulgating such an idea, since death and the voice of the whole world belie the assertion. We shall endeavor to find room in our pages for all that may be considered of value relating to the disease, and correspondents are requested to continue their aid by furnishing whatever is of that chaacter. It does not spread in this city.

Sick-room Bedstead.—Dr. Josiah Buckman, an estimable physician, of Woodstock, Vt., is exhibiting to the profession of Boston a very ingeniously-constructed bedstead, which far surpasses all that have been previously devised. By the turn of a winch, the patient may be placed in any desirable position, bathed, showered, or put into a vapor bath, without leaving the bed. Every rich man should have one in his house; and with respect to hospitals and charitable institutions for the sick and infirm, would it not be the summit of benevolence to provide each and all of them with this excellent and admirable structure? If some cabinetmaker would commence the manufacture at once, he might reap a harvest of patronage.

Tracts for Cities.—A series of cheap pamphlets are in the course of publication, by Edward H. Fletcher, 141 Nassau street, New York, that deserve a much higher order of notice than they will probably receive by the press generally. Philanthropy of a certain kind is scarcely marketable of late, and those, therefore, who propose to benefit their fellow creatures with tracts upon various subjects in regard to morals, health and happiness, are not half so welcome as they would be with a gift of Christmas goose,

a fat turkey, or a dozen of London porter. Still, the man who writes for the million, with a view to teaching them the principles of social comfort, even if entirely unconnected with the most elevated of all pursuits, the study of our personal duties and responsibilities to God, and ultimately succeeds in effecting the object, is a far greater benefactor than the one who gives a loaf of bread, not because he delights in acts of charity, but to rid himself of the importunities of a beggar. Who the author or authors of these cheap pamphlets are, we know not; but we cannot withhold from them our honor and respect. Sound philosophy is a leading element in all those examined by us—and better still, they are written so as to be understood. One of the reasons why there are so many abortive efforts to teach the ignorant through books, is to be imputed to the circumstance of their being written wholly above the comprehension of those for whom they are designed. If such people are to be raised, those who propose to do it must stoop down, instead of vainly waiting to have them come up by simple solicitation.

That part of the Tracts most interesting to us, regards *The Popular Violations of the Laws of Health.* Many persons of supposed intelligence are astonished at being informed that health is actually regulated by certain ordinances, established in nature. The idea of a kind of haphazard condition of the vital functions may sometimes flit through the mind; but that there is an orderly succession of actions going on in the interior of the body, and that life, health and disease, are influenced by them, rarely becomes the subject of thought, much less intense or profound reflection. A leading object in these Tracts is to impress very common minds with certain well-established truths, which have been discovered by physiologists; and if the writers succeed in doing so, it is quite certain that the learners will not disobey injunctions from such unerring authority as nature herself. We shall be gratified to know that the people up the dark lanes, in the cellars, in the workshops, the factories, on shipboard, and among the canals, study these excellent illustrations of the causes of ill health, epidemics, &c., as well as the method of securing sound health and longevity. Physicians might give additional weight to these messengers of domestic happiness, by recommending them and explaining their utility to those for whom they were specially designed.

Berkshire Medical College.—Accompanying the annual announcement of the next course of lectures in that well-established institution, which will commence on Thursday, the 2d of August next, is a catalogue of the graduates at the close of the last season, as follows:—Julius P. Anthony, Henry S. Babbitt, John J. Bagley, William C. Bailey, Clarence M. Brownell, John Buchanan, Warren Byrns, Lockhart B. Farrar, Charles A. Greene, Ezra L. Griffin, George M. Hall, James B. Hawkes, Edwin Haynes, Charles L. Hubbell, Samuel W. Jones, Charles A. King, Leman R. Leach, John R. Leal, Henry Miller, David C. Powers, William Russell, Tristram Sanborn, Herschell D. Spencer, E. Lewis Warren, John H. Welch, J. Bellamy Whiting. Dr. Levi Folsom, Mass.; Dr. Joseph Gray, Penn., honorary graduates.

Physician and Patient.—Mention was made last week of the preparation of a new work, by Worthington Hooker, M.D., of Norwich, Conn.

We have since learned that it will be speedily brought out by a New York publishing house. Those who have had access to the manuscript, speak enthusiastically of its merits. At present only the title and synopsis of the contents can be given, which, however, is enough to show that something is coming of no ordinary character. The title is, "Physician and Patient—or a Practical View of the Duties, Relations and Interests of the Medical Profession and the Community." The titles of the chapters are—uncertainty of medicine; skill in medicine; popular errors; quackery; Thomsonism; homœopathy; natural bone setters; good and bad practice; theory and observation; popular estimates of physicians; means of removing quackery; intercourse of physicians; interference with physicians; mutual influence of mind and body in disease; insanity; influence of hope in the treatment of disease; truth in our intercourse with the sick; moral influence of physicians; pleasures and trials of a medical life.

Medical Miscellany.—A physician in California received $150 for four visits.—Madbury, N. H., is said to be without a medical practitioner. Is there a parallel to this in the United States?—Rhubarb stalks, used extensively for pies, at this season, are thought to be productive of diarrhœa and other difficulties of the bowels.—According to Dr. Goodall, the negro is more subject to the cholera than the white man, and the white man more than the white woman.—Those who are unwilling to believe that age destroys the powers of vision, are paying large fees for being duped with the notion that their old optics can be made as good as new by certain adroit manipulations, at five dollars for five minutes. It is a gross imposition.—In the city of Lawrence, Mass., which commenced its existence only three years ago, there are 18 physicians. It is destined soon to become a place of immense manufacturing importance.—It is very sickly among the California emigrants.—Dr. G. W. Sanford has been appointed Post Master at Tariffville, Conn.—Dr. David Tucker has accepted the appointment of Professor of the Practice of Medicine at the Richmond Medical College, Virginia.—Dr. A. G. Henry, of Springfield, Illinois, considers the late epidemic disease at Sutton and Millbury, Mass., to have been a malignant typhus fever, such as prevailed at Pekin, on the Illinois river, two years since.—Mrs. Abigail Morton died recently at Bristol, Me., aged one hundred years, eleven months and twelve days.

To Correspondents.—Dr. Page's Remarks on Epidemic Cholera; Dr. Tracy's account of Medicine in Siam, and his case of Irregular Scarlatina; and Professor Meeker's case of Diseased Kidney, have been received.

Married.—Alexander Jackson, M.D., of Plymouth, Mass., to Miss C. A. Reeves.—At Nashua, N. H., Dr. Isaac Ayling to Miss E. Chandler.

Died,—At Wolcotville, Conn., Peter Beardslee, M.D., 24.

Report of Deaths in Boston—for the week ending June 22d, 76.—Males, 40—females, 36.—Of consumption, 14—scarlet fever, 5—lung fever, 4—infantile, 8—dropsy on the brain, 6—dropsy, 1—measles, 4—disease of the heart, 2—drowned, 3—tumor, 1—diarrhœa, 2—paralysis, 2—brain fever, 2—teething, 2—croup, 1—inflammation of the lungs, 1—disease of the brain, 1—typhus fever, 2—accidental, 3—child-bed, 2—cholera morbus, 3—old age, 1—convulsions, 2—dysentery, 2—peritonitis, 1—rheumatic fever, 1.

Under 5 years, 32—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 10—over 60 years, 7.

Testimonial to Dr. Forbes.—A meeting of the subscribers to this testimonial took place lately, for the purpose of presenting to the above-named gentleman a very handsome piece of plate, designed and executed by Messrs. Smith, of Duke street. Upwards of one hundred gentlemen attended on the occasion. Mr. Stanley, President of the Royal College of Surgeons, read an address, which had been prepared by the committee. The address stated that the testimonial was intended to mark the approbation of many of his professional brethren for the manner in which Dr. Forbes had conducted the British and Foreign Medical Review, and, also, as a token of esteem for his manly, disinterested, and truthful character. To carry out these views, it was mentioned, that many of the most eminent members of the profession, not only in Great Britain, but in America and the Colonies, had come forward on the occasion. After presenting the address, Mr. Stanley proceeded to say, that he most cordially concurred in its contents, and that he was gratified at having been chosen as the organ of the committee. Dr. Forbes replied in a complimentary speech, in which he stated, that while the committee had done him no more than justice in attributing to him the best intentions in conducting the British and Foreign Medical Review, yet he could not accept for himself the eulogistic terms in which the character and influence of that journal had been alluded to. It was chiefly to his excellent contributors, that the literary merit of the work must be ascribed. His duties had been restricted, as a general rule, to supervision and correction; it was only occasionally he had appeared as an original contributor. Yet he took credit to himself for having taken the utmost pains to ensure not only able reviews, but honest ones—reviews unbiassed by personal feelings of any kind, and dictated by no friendly or unfriendly feeling. The editorship of the British and Foreign Medical Review had been to him no ungracious and oppressive task; on the contrary, it had been a source of the highest pleasure, a true labor of love. But had it been otherwise, he would have been recompensed by the great honor which had now been paid to him—an honor, the remembrance of which he should cherish to the latest period of his life.—*London Lancet.*

Albumen in the Urine of Cholera Patients.—It appears from investigations made at the military hospital of Val de Grace, and at the Hotel Dieu, in Dr. Rostan's wards, that albumen exists in the urine of cholera patients, as proved by the nitric acid and heat tests. Whenever the urine was tried, albumen was found in it, and this took place with as many as thirty patients. This substance is, however, not to be discovered in every stage of the disease; it is mostly to be found at the beginning of the attack, and three or four days after. It has generally seemed that the presence of albumen was in keeping with the severity of the attack; when the albumen diminishes before the time when it is commonly absent, some improvement may be foretold. Dr. Rostan is inclined to attach much importance to this new symptom, and in doubtful cases would give no prognosis without testing the urine.—*Ibid.*

Anile Dentition.—The Journal des Connaissances Médico-Chirurgicales informs us of the evolution of three incisors and two molars in a woman 92 years of age. The gums were getting red upon several other points. This old woman unfortunately died soon after (probably from teething!). The new teeth were said to be very white, but not firm.

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REMARKS ON EPIDEMIC CHOLERA.

BY FRED. B. PAGE, M.D., OF LOUISIANA.

[Communicated for the Boston Medical and Surgical Journal.]

After all that has been said and written upon Asiatic Cholera, I am persuaded its whole character and management may be comprised within the compass of a nutshell; and I shall now proceed to narrate, as briefly as possible, the whole sum and substance of what may be necessary to the full comprehension of its treatment, confidently assuring the reader, from ample experience, and a close familiarity with the epidemics of 1832–3, and 1849, when my whole time and attention were devoted to it, that this formidable malady loses much of its terror when divested of its empiricism, and is subjected to the test of a simple and rational mode of cure. "Taken in time, it is the most curable of all dangerous diseases. If suffered to run into the stage of collapse, it is the most fatal."

Cholera, when fully formed, either from the duration of the disease, or the force of the symptoms which characterize it, has been well and simply divided into four stages or periods. Dr. Formento, of New Orleans, enumerates the following train of symptoms, as characterizing the several stages, which I transcribe for their simplicity and accuracy, giving, at the same time, under each head respectively, my own mode of treatment, which has proved generally successful, I may say, in a multitude of cases, especially the past season, and all that could be expected even under the circumstances, if not all that could be desired.

1st. The period of incubation or excitement. Symptoms—lassitude; anorexia; nausea; oppression or weight at the pit of the stomach; flatulency; abdominal pains, or tormina, especially at night; restlessness; thirst; white tongue; bitter taste in the mouth; colics; burning sensation in the stomach; pyrosis; vomiting; diarrhœa, without tenesmus; headache; vertigo; muscular weakness; twitchings; cramps, and ordinarily a slow pulse. This state may be prolonged from one to two weeks. It requires prompt attention. Taken in time, it furnishes the physician an opportunity of preventing the development of the disease, since nine-tenths of the cholera cases are preceded by some of the above sensations.

"The earliest manifestations of cholera, however, especially on its

first invasion, are generally confined to irritation of the stomach and bowels, and in this state it is unquestionable that the mere exhibition o an anodyne, a cordial, or an antispasmodic medicine, is sufficient, in numberless instances, to stop the progress of the disease and effect a cure." Abstinence from solid food, confinement to the house or bed, with a warm alkaline foot-bath, and warm aromatic, opiated, or camphorated drinks, &c., will usually ward off an attack, and restore the patient to health.

The symptoms of the disease often vary, notwithstanding, with the locality of a place, and the medical attendant will often find himself compelled, in the same place, and with the same patient, to adopt an opposite mode of treatment, and be astonished to find recoveries under these apparent contradictions. This is common with most epidemics, as is known to every practitioner. They rarely return under exactly the same form, nor yield to exactly the same remedies, in two successive seasons. "How erroneous, therefore," says Rush, in one of his notes to Sydenham, "must that practice be, which is influenced by the name of the disease. Bleeding, purging, vomiting, and sweating medicines and opiates, all do good or harm, according as they are regulated or not, by its existing character. This should be studied anew by the physician every season."

Epidemic cholera varied its character most strikingly in its former visitations to our cities. In 1832, nearly every patient that was bled was lost. This was the case in the epidemic spotted fever of former sea sons. Bleeding in Asiatic cholera had been declared the very sheet anchor of the faculty in some European cities. and was relied on greatly in the practice of several physicians upon this Continent, but death was the consequence. Upon the return of the disease in 1833, the lancet was resorted to, under added recommendations from the South-west, and with *signal success.* Bleeding is now generally avoided, and with happier results, under a better acquaintance with the disease.

The present epidemic has changed its form frequently, according to locality and other circumstances, and often differs materially from the epidemics of 1832–3, in several important particulars. Generally speaking, it is of a milder type—the discharges are not so copious or profuse —the spasms are less severe and constant, while it has been observed that a much smaller number are restored after entering the stage of collapse, than at the former period.*

"Cholerine, which is the simplest form of the disease, and which appears particularly at the commencement of the epidemics, or in individuals placed under the most favorable circumstances to become affected with it, is characterized by general indisposition, an unusual depression of the moral and physical powers, insomnia, epigastric uneasiness, a sensation of weight, and sometimes of heat at the stomach, feebleness of the pulse, which is small, soft, and more or less slow; nausea, borborygmi, a clammy dryness of the mouth; thickened, scanty, and high-colored urine, and alvine evacuations, often analogous in their nature and fre-

* New Orleans Medical Journal.

quency to those of cholera, sometimes yellowish or colored with blood, but almost always mixed with white mucosities, accompanied in some cases by vomiting. Though cramps are sometimes observed, they are more frequently wanting, and the livid discoloration of the skin, with the phenomena of asphyxia, are never present."

Cholera sicca has been among the common forms of the present epidemic in some localities, and has been very fatal. It is unaccompanied by evacuations, and on several plantations, in the South, has struck down the most healthy and vigorous; the more aged, and children, probably from less exposure to the cholera influence, having entirely escaped. This form of cholera is generally, though not necessarily, fatal.

Cholera spasmodica, or *foudroyant*, has also appeared on many plantations, and in several localities in the South-west. Individuals are suddenly attacked, with or without the precursory phenomena, with vomiting, diarrhœa, cramps and coldness, and die in one or two hours, even before the appearance of cyanosis. Sometimes death occurs without the evacuations having taken place, solely from the violence of the epigastric distress and cramps. Soldiers, when in full march, are attacked with vertigo and violent cramps, quit the ranks, lay down their arms, and die in two hours.* In 1832, between 90 and 100 negroes fell prostrate by this form of the disease on one plantation in Louisiana, in a single night, and died before morning. The past season several estates lost from 20 to 50 in a few days. Many were afflicted with violent spasms of the stomach and bowels, and abdominal muscles, without discharges, similar to what is commonly called cramp colic. In some cases all the voluntary muscles are violently cramped; the spasms recurred at intervals of a few minutes, not unlike tetanus."†

M. Rayer has described, under the term "*état cérébral cholérique*," a group of peculiar phenomena, very distinct from those of inflammation of the meninges and brain, which supervene upon the cold period. This is a sort of prolongation of that period, with a diminution or cessation of the vomiting, alvine evacuations and cramps, and the development of cerebral symptoms; the skin continues cold or cool, the nose is cold, the tongue is yellowish, and sometimes cold; if there be injection of the eyes, it is only upon their inferior parts; the pulse is feeble, the head heavy, the countenance stupid, and in some cases the tint peculiar to cholera remains.‡

In the *paralytic* form, described by Magendie and others, the chances of recovery are but little greater than in the *foudroyant* cholera.

In young children the disease often proves fatal under the characteristic symptoms of hydrocephalus, and is usually attended by worms in the first passages.

Let the physician, then, discard the name of cholera in his treatment of the disease, and when called to the bed-side of the patient come untrammelled by any specious reasoning. Let him investigate, as far as may be, the history of his case, and endeavor to detect the cause, and the attendant circumstances of its appearance. Let him be guided by

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* Tardieu's Lectures. † Buchanan. ‡ Tardieu.

sound common sense, a rare but inestimable quality in the practice of medicine, and use his medical knowledge, and apply the resources at his command, according to the existing necessity, and he may triumph where many fail, and only fail where none may triumph.*

Asiatic cholera, says an astute observer, is a subtle poison—invading the organic life, and destroying it, so that decomposition often seems to begin before animal and intellectual life leaves the body. It is shocking to see those, in whom all that constitutes organic life has ceased except breathing, go on conversing in the full possession of their senses.

It depends on the poisonous nature of cholera that treatment is of so little avail. The writer has seen the emesis and catharsis cease, and that, too, where neither had been violent, for full twelve hours before death, and this without great prostration at first, yet the patient would steadily sink until death, without the disease for a moment appearing to be arrested by any of the appliances which could be used, whether external or internal, any more than the like symptoms can be arrested in a case of full poisoning by arsenic.†

2d. Forming period, or period of invasion. A distressing sensation at the pit of the stomach suddenly ensues in the night or towards morning. All the symptoms previously enumerated acquire an extraordinary intensity; there is nausea, and vomiting of rice-watery fluid of a peculiar odor, somewhat resembling the vapor of iodine, in the first place serous or slightly bilious, afterwards of a matter termed *choleric* by Tardieu, which is liquid, whitish, grumous, or very uniformly troubled, sometimes resembling unclarified whey, sometimes a decoction of rice or oatmeal, sometimes thickened milk nearly clear, emitting an insipid spermatic odor, and sometimes presenting traces of blood or bile, and even worms.

The secretions, especially the urine, are suspended. The body and limbs are cold—first beginning at the nose, feet and hands, and gradually invading the trunk; the features are changed, and soon assume the cholera countenance; pulse rapid, from 120 to 130 in a minute; dyspnœa; great thirst, with a desire for cold drinks. This period may last some hours, or even a whole day.

Treatment.—Confine the patient to bed, order a hot alkaline or mustard foot-bath, and give a teaspoonful of the following anodyne mixture, in hot camomile or ginger tea, every hour or half hour, till warmth and tranquillity are restored. R. Comp. spts. lavend., spts. camphor, āā ℥ ss.; Hoffman's anodyne liq., acet. tr. opii, āā ʒ ij. M. The above remedy of Dr. Charles Jackson, of Philadelphia, was first suggested to me by his former pupil, my friend Dr. Edward Duffel, Jr., whose name recalls to mind his probity and candor, and his indefatigable zeal to investigate and cure diseases, and his warm personal friendship. We used it constantly in our practice, and with the greatest satisfaction and success. It found its way afterwards into the hands of apothecaries, overseers and others on the plantations, and was among the most popular and useful remedies of the day. Its success in the earlier stages of the disease was quite prompt and

* Brigham on Cholera.
† See this Journal for January, 1849.

gratifying. Dr. Buchanan, of Nashville, Tenn., speaks of the same, or a similar remedy, which he used almost exclusively in the premonitory symptoms, attended by pain and fulness of the stomach and diarrhœa, &c.

If the diarrhœa be urgent, give one of the Persian pills, composed of a grain each of opium, assafœtida and black pepper, and repeat every two or three hours, or oftener if required. It seldom fails to arrest the disease. Apply a mustard plaster to the pit of the stomach, and use friction of ammoniated liniment and camphor, or cayenne pepper, absolute diet, and rice water, toast water, &c., for drink.

Opium in some form or other, according to the uniform experience of the profession, combined either with camphor, or acetate of lead, or small doses of calomel, *is the sheet anchor in this stage of the disease*, to be followed by a little Champaigne brandy and water, the latter to be used only on the attack and not freely as a preventive.

The following remedy of Dr. Teilman was used with good success in Russia, and more recently by myself and others, during the present epidemic in Louisiana, and the South-west. I received it from my intelligent and zealous young friend, Dr A. Sigur, Jr., of Iberville, and have found it in practice very agreeable and very useful :—Take of wine of ipecac. and strong essence of peppermint, each two fluid drachms ; Sydenham's laudanum, one fluid drachm ; and ethereal tincture of valerian, half an ounce. Mix, and give as follows. From thirty to sixty drops, or a full teaspoonful, every hour or half hour, in a little brandy and water, according to the age and condition of the patient, or the violence of the disease.

Or, take of pulverized gum guaiacum, cloves and cinnamon, each two drachms ; laudanum, two drachms. Infuse in a pint of brandy, and give from one tea to one tablespoonful every hour, or half hour even, till the disease is arrested.

Or—R. Spts. camph., comp. tr. valerian, āā ℥ j. ; laudanum, essence peppermint, āā ℥ ss. M. Dose thirty to sixty drops every hour or half hour.

Or—R. Camphor mixture, essence peppermint, āā ℥ iv. ; tr. opii, tr. cinnamon, āā ʒ j. ; syr. ginger, ℥ ss. M. A tablespoonful at short intervals, according to the urgency of the symptoms.

Or—Take of tr. rhubarb, laudanum, spts. camphor, essence peppermint, equal parts ; mix. Dose for an adult, twenty to sixty drops, repeated every hour or two till the disease is checked. In some cases of diarrhœa, the dose may be gradually increased, and repeated until the desired effect is produced.

A few drops of spirits of hartshorn in cold water, repeated and followed by spirits of camphor every few minutes, has been found quite useful in controlling the forming stage of the disease.

The following pills, first used by Dr. Holyoke in some forms of diarrhœa and dysentery, some seventy years since, and more recently in *cholerine* by Dr. Graves, of Dublin, are quite effectual in almost all cases, if administered early. R. Plumb. acet., ℈ j. ; opii, gr. ij. ; pulv. glycyrrhiz., gr. vj. ; muc. acacia, q. s. M. Fiat pil. 12. Give one every

half hour till the rice-watery diarrhœa begins to diminish, when the intervals between each pill may be gradually prolonged.

Or—R. Hydrarg. cum. creta, assafœtida, āā grs. xv.; camphor, grs. xij.; opii, grs. vj.; oil black pepper, gtt. vj. M. Give one every two or three hours.

R. Blue mass, pulv. kino, āā grs. ij.; camphor, opii, āā gr. ss. M. Incorporate the opium, kino and camphor, and then add the blue mass with treacle to form a pill. Give one every half hour or hour, till the diarrhœa and cramps cease.

A few hours after the vomiting and purging have ceased, and the warmth of the body is restored, a pill of two or three grains each of calomel, or blue mass, Dover's powder and quinine, may be given and repeated every three hours, till recovery takes place. Should the above remedies not be sufficient to control the disease, which in a large proportion of cases they will, bleeding in the feet, with calomel, opium and ginger, followed by calcined magnesia, &c., should be resorted to, with the addition of scarifying cups, sinapisms, &c., over the epigastrium, frictions, &c., and iced water given *ad libitum* to the patient. Iced water allays thirst, nausea and vomiting, and is most grateful to the patient. Warm, dry frictions are also useful, and the steam of alcoholic liquors may be applied to the patient's body and limbs, beneath the bed-clothes, by means of a tin tube attached to a spirit lamp.

The following cheap and simple substance for a *vapor bath*, will induce immediate and abundant perspiration. Take a piece of quick lime, about the size of an egg, and wrap round it a wet cloth, sufficiently wrung to prevent water running from it. A dry cloth is to be several times wrapped around this. Place one of these packets on each side of the patient when in bed. An abundant humid heat is soon developed by the combination of the lime with the water, which quickly induces copious transpiration; the effect lasting for two hours, at least. When sweating is fully established, we may withdraw the lime, which is now reduced to a powder, and is easily removed. In this way neither copious drinks, nor loading the bed with covering, is required.

The discharges from the bowels may often be arrested by giving, in connection with the astringent pills, injections of starch water and laudanum, or the compound sulphate injection of sulph. copper, sulph. zinc and alum, twenty grains of each, in four ounces of cold water, as recommended by Dr. Patterson, of Dublin. This may be followed, either in convalescence or in the sinking stage, by tepid enema of high-seasoned beef-tea, to which flour, wine and laudanum have been added. Rapid recovery has often followed the above simple means.

If the disease commences like common *bilious* cholera, give acetate of lead and opium, or chalk mixture, with opium and aromatic confection; give effervescing draughts with camphor, or calcined magnesia and paregoric, or tar water, to allay vomiting, and keep the patient warm in bed, and the next day give a large emollient injection. But if the more severe and characteristic symptoms come on, or if there is great debility from the first, and cramps and coldness of the skin are observed, bleed largely if the pulse will allow, and give calomel, opium and quinine, as

above recommended, in large and oft-repeated doses, till the secretions are changed and re-action has taken place. If there be great prostration and frequent spasms, with oppressed breathing, give a few minims of chloroform on a sponge or handkerchief, and repeat immediately, if necessary, increasing the dose according to circumstances. Give *internally*, also, *six drops of chloroform*, with about *forty of oil of turpentine* in brandy and water. Bleed gently if re-action, after the use of chloroform, is excessive.

Petroleum, it is said, may be advantageously given in this stage of the disease. Petroleum Barbadense—or Texas petroleum—for it is found equally abundant and pure in one of the counties of Eastern Texas—and I have often picked it up in large indurated parcels on the beach near Galveston. This is the chief ingredient in the elixir Worenèje, employed so generally and successfully by the Russian physicians and many surgeons in the East. It is given in *diarrhœa cholerica*, in the dose of from five to ten drops, in a little brandy, white wine or mint tea, taken cold. A single dose usually suffices to arrest the complaint. The diet should not be too strictly, but carefully, regulated. In completely-developed cholera of a deadly nature, the cures are not so constant, and from fifteen to twenty drops of the naphtha or petroleum are to be given at a dose. If vomited up, the dose should be repeated. A second is rarely required, if the first is retained. It acts speedily on the skin and kidneys, and removes the cramps. It is a pure hydro-carbon, and a mild though effective stimulant, antispasmodic and antiseptic, supplying the system with its due proportion of carbon for excretion, and preserving the frame from the rapidly fatal effects of this horrible disease, by evolving carbonic acid from the lungs.

If the diarrhœa be accompanied by pain in the bowels, opium should be conjoined with it. In the cold, blue stage, accompanied by cramps, &c., it has even proved successful—while it relieves almost instantly the tympanitic condition of the bowels, so often present in the disease.

The crystalline substance named naphthaline, which is the purest hydro-carbon, may be given in the form of pills, in one or two-grain doses, with opium, aromatic confection, &c. The petroleum may be given in the following form, as recommended and used by Dr. Tunstall, of Bath, Eng. Take the yolk of one egg, and amalgamate with it a tablespoonful of the petroleum, and to it add forty drops of the aromatic spirits of ammonia, filling a wineglass with equal quantities of brandy and water; and this dose may be repeated according to the emergency of the case. It is quite probable if the physicians of La Baca and San Antonio, in Texas, had been familiar with this remedy, so near at hand, the disease which raged there with such frightful and deadly severity, would have been more within their control, and many valuable lives might have been saved.

I notice this remedy especially here, as it becomes every physician and army surgeon to be familiar with all known and available remedies, and have them at hand, at a moment's call, wheresoever his services may be demanded, either on the march, or in the camp; and especially in the far-west, where the scourge is now sweeping multitudes away with the "besom of destruction."

3d. Cold stage, or period of collapse. The algide, or cold stage, rapidly progresses into the cyanose or blue stage, or confirmed collapse. The aspect of the countenance is completely changed; the complexion is of a violet or indigo blue color, the extremities and sometimes the whole body assuming the same appearance. The nails become livid and almost black, the fingers wrinkled, and the genital organs retracted. There is extreme prostration; the pulse is imperceptible, and the motions of the heart abnormal, or have nearly ceased. Respiration is oppressed; voice husky and low—the *sepulchral* of Broussais, and *cholerique* of Russia, &c.; the breath cold; tongue blanched, or *cotonneuse*, and icy; feeble cramps, and cold, clammy sweat; eyes half closed and sunk in their orbits; pupils dilated; limbs stiffened. The patient, in one word, according to the expression of Magendie, *cadaverized*, and manifesting only slight respiration, with a few suppressed groans—and the intellectual faculties entire. The disease soon becomes aggravated, and death ensues, often without convulsions, and almost unperceived.

In the most deadly form of cholera, says Dr. White, there is a tone of voice, or wail, which, once heard, can never be mistaken; by him upon whose ear it has fallen in the accents of anguish, it can never be forgotten. I have always found it the certain prognostic of death. This period is the most fatal. In this stage of the disease, little effectual can be done but to leave the case to nature. Whatever treatment may be adopted, will avail but little. The patient is already doomed. Life is exhausted, and art is powerless. Nature, assisted by art, however, has sometimes triumphed. Some cases have recovered from the use of ice internally, or ice or cold water simply, externally applied; while others have recovered from the application of the wet blanket wrung out of hot water, and baths of hot pepper and water, &c., after all other means have failed. There is, therefore, hope till the last, and these means may be adopted as a *dernier resort*.

In order to rouse the patient from this sinking, cold stage of cholera, and produce re-action, great confidence has been placed in the salt emetic, two tablespoonsful dissolved in half a pint of water. It may be rendered more certain and stimulating by the addition of a teaspoonful of the flour of mustard. This generally produces speedy and forcible vomiting, followed by more or less re-action. A large injection of hot salt water is highly praised by many. Ice and iced water may be allowed the patient *ad libitum*, in this stage of the disease, while great benefit is often found by rubbing it on the surface.

Whenever we fail in checking the disease at first, we have no resource but to treat urgent symptoms, and they must always be met with decision as they occur. The patient ought never to be left a moment without an attendant who is capable of acting according to circumstances, and who may take advantage of any and every change. The most decidedly favorable symptom in this stage of cholera, is a full and easy secretion of healthy urine. On this symptom we may rely with safety, and without it we can never with confidence offer a favorable prognosis.

4th. Period of re-action, or crisis. The pulse returns to the extremities —the motions of the heart are renewed, and heat returns. The blue,

turquoise color disappears from the limbs—the face and eyes are re-animated—the breath is warmed, the respiration becomes regular, and the voice regains its natural tone. The cramps disappear altogether, or occasional twitches only occur. The vomiting ceases, the evacuations become bilious, warm perspiration ensues, and the urine becomes free and is reduced. Should the above condition not ensue on convalescence, unfavorable congestions of the stomach and bowels, of the chest and heart, &c., follow, and the disorder then takes on the form of adynamic or typhoid fever. "The treatment in the stage of re-action, or in the true cholera fever, will be regulated by the evidence of inflammation and congestion in the important organs, such as the brain, lungs, liver, and gastro-intestinal surface," &c.

We may remark, in conclusion, that cholera unaccompanied by evacuations—*cholera sicca*—is almost always fatal. Here chloroform, or *very hot water*, internally and externally, may be used. Professor Jackson, of Philadelphia, tells me that he saved two cases of this kind in the former epidemic, by the use of hot water, in large and repeated draughts and fomentations, as suggested to him by previous successful practice in gout of the stomach. The strongest testimony in favor of warm water, perhaps, is that given by Dr. Sturm, a surgeon in the Polish army. It consists in nothing else than giving to the patient as much warm, nearly hot, water as he is able to drink, in the quantity of a glass full every fifteen or thirty minutes. By the time he has taken fourteen glasses, the cure is complete, with the exception of a slight diarrhœa, which it is not proper suddenly to suspend. The effects of this plan of treatment are so quick and effectual, that in two hours, and often sooner, the patient is well, particularly when it is commenced with sufficiently early.

During the epidemic influence, all persons who are exposed, should be particularly on their guard. Avoid unwholesome food, and all excess, either in eating or drinking. Avoid all undue excitement, both of mind and body, and exposure to damp or night air. Atmospheric changes especially control the disease; therefore full and free ventilation is important. The use of cooling purgatives, such as Epsom and Glauber's salts, and Seidlitz powders, should be guarded against; they become dangerous at this time, in whatever quantity they are taken. Drastic purgatives, of all sorts, such as senna, colocynth and aloes, ought not to be employed, except by special order of the physician. No harsh medicines will do in cholera; all must be of the mildest description—and, above all, they must be such as will be relished and desired by the sick, and such as can be constantly taken for the relief of the urgent, destroying thirst constantly present from the commencement of the disease. The wishes of the patient, moreover, should be strictly attended to. Nature is the best physician. If he wishes for cool air, or cold water, he must have it; if he wishes to be covered up, he must be so. Many perish from being too much covered up at first, when the fresh air would revive them.

A flannel bandage, impregnated with camphor spirits, and worn round the body, as recommended by my father in the treatment of epidemic

spotted fever, is of great use. It gives support to the bowels, and patients often find from it the greatest relief.

Throughout the whole period of the disease, and during convalescence, the mildest and most nourishing food only should be allowed—as arrow-root, barley-water, rice-gruel, black tea, toast-water, chicken-water, &c., with cordial drink, brandy and water, port wine negus, wine whey, &c.

Relapses are to be especially guarded against, as they are generally fatal.

Epidemic cholera, in all its forms, runs its course with great rapidity; and if it be considered that almost everywhere more than one half the patients have died, it will be at once evident how few are the chances of recovery from this terrible disease; it is precisely these chances which it remains for us to appreciate.*

There are two points in regard to epidemic cholera, still *sub judice*, which are quite important and interesting—the former to New England, especially, and the latter to the whole community. I mean its extent or *locality*, and its *nature*. It is contended, and with some plausibility of truth, that cholera does not extend into the districts of primary formations, or the granite regions. But in answer to this, several of the French savans, and among others Tardieu, have come to the conclusion that "all that has been written to prove that cholera is more prone to attack those soils which are identical in geological constitution, is in manifest opposition to numerous contradictory facts." Again, it is said that *ozone*, a peculiar modification of oxygen gas, is the sole cause of cholera, and that sulphur is the antidote. Ozone, to which Dr. Bird ascribes the cholera, was discovered by Prof. Schonbein, the inventor of gun-cotton. It is generated by the passage of electricity through air, and is the cause of the peculiar odor perceived during the working of an electric machine, or after a flash of lightning. The question has been often asked, what is ozone? We answer, in the words of Berzelius, "We have thus arrived at the highly important result that *ozone* is no peculiar element, nor any combination of known elements, but is oxygen gas peculiarly modified."

But cholera is independent of all atmospheric changes; and meteorological conditions and vicissitudes seem to have but slight influence on the disease. At St. Petersburg, the cholera seems to have showed itself comparatively independent of temperature, barometrical changes, and electrical vicissitudes. *Re-agents did not in the least indicate the presence of ozone in the atmosphere.*†

Now, what, we may ask, becomes of the new theory, and how, in this case, is *sulphur* to operate in curing cholera? Will it not follow its predecessors, and speedily descend to the "tomb of all the capulets"?

I have little faith in any of the thousand and one popular and specific medicines now in use for cholera, and I believe many have fallen victims to their abuse, who would otherwise have recovered under proper professional treatment, adapted to the peculiar symptoms of the several forms and stages of the disease. It would be absolute madness, indeed, to trust a confirmed cholera patient to a few drops of camphor spirits, or three grains of *sulphur and charcoal.*

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* Tardieu. † Medico-Chirurgical Review, January, 1849.

He who depends
Upon such favors, swims with fins of lead,
And hews down oaks with rushes.

Larger doses of these medicines might be all very well in simple cases, if many of the most simple did not, in fact, turn out to be the most suddenly fatal. Such cholera as we are most familiar with in the South and West is not to be trifled with, nor to be arrested and cured by specific treatment. Camphor, chloroform, naphtha, guaco, Worenèje, *sulphur*, and other boasted specifics, display but their pigmy strength when grappling with this fell destroyer. A remedy for malignant cholera is yet to be discovered.

The above general observations on epidemic cholera, by no means wholly original, or novel to the profession, are hastily thrown together, in advance of a more comprehensive treatise upon the subject, for the benefit of the community, again suffering under this wide-spread and terrific scourge—with the confident hope that they may be available for much good, and save a multitude of lives. My familiarity with the disease has been long and painful, through three several epidemics, and though my success has been as flattering, perhaps, as most of my compeers, none of us, I apprehend, can boast much above that which is written.

June, 1849.

DR. HOOKER'S ESSAY ON INTESTINAL AUSCULTATION.

[Concluded from page 415.]

Colica Rachialgia (*Lead Colic*) may be considered as specifically different from common colic. Its cause, its symptoms, and its obstinate character, sufficiently distinguish it. Auscultation, also, in the course of the disease, discovers signs, which are distinctly characteristic. There is not, indeed, any particular sign, which, like the crepitation characteristic of pneumonia, the moment it is heard, decides the character of the disease; but the auscultator has to notice a succession of various signs, which are severally indefinite and insignificant, from the assemblage of which he will form his diagnosis.

The peristaltic action is wholly or partially suspended for a longer period, and is re-excited with more difficulty, than in common colic. Some cases I have closely watched, for two, three and even six days, without observing the least sound of peristaltic motion. More commonly, however, the stillness of the intestinal canal is occasionally broken, for a few moments, by a dull rumbling sound, indicating a slight and sluggish action in a limited portion of intestine. Often there is a transient blowing or sub-whistling sound, seemingly produced by wind crowded through a contracted portion of intestine. During the whole disease, all the intestinal motions appear weak, slow and sluggish; the sounds not having the suddenness and regular succession of healthy peristaltic action. Indeed, for weeks or months after convalescence, ordinarily the sedative influence of the lead appears to continue; the sounds indicating a torpid intestinal action, and regular evacuations being procured with difficulty.

This disease does not, like common colic, form a crisis by a sudden transition from total inaction to a general peristaltic motion, which terminates the disease. But in lead colic, sometimes for days before there is any decided improvement, an occasional rumbling is heard, indicating a considerable intestinal action. Again—perhaps within an hour, or on the succeeding day—we find all silent; and for several successive days, these intervals of inaction may alternate with efforts of the intestines to re-establish peristaltic motion. From not being aware of this circumstance, in my early observations, I sometimes concluded that a favorable crisis had occurred, long before the obstinacy of the disease was mitigated.

In this disease, as in common colic, sounds frequently occur, produced by anti-peristaltic motions, which the practitioner should not mistake for regular peristaltic action.

In dysentery there are no characteristic sounds, attending the disordered intestinal action, sufficient to distinguish this from other diseases. The general character of this disease varies much in different seasons; and in particular cases, there are many variations of disordered action, in different stages of the disease. These variations, however, are productive of signs, which, after a little observation of the epidemic tendencies, the auscultator may learn to improve, in watching the changes of symptoms, and in directing his treatment.

Though no constant rules can be given, for the sounds to be expected in the course of this disease, it is useful to watch by auscultation the changes which occur in different portions of the intestinal canal. Commonly, though the disease is seated chiefly in the large intestines, the small intestines are more or less affected, their peristaltic action being irregular—sometimes morbidly increased, but more commonly diminished, and sometimes wholly suspended. Attention to the signs furnished by auscultation will often enable a practitioner to avoid being taken by surprise, by the changes which frequently occur in the course of this disease.

The proper management of cathartic medicines is one of the most important, and often one of the most difficult, subjects in medical practice. The indications and contra-indications, for the use of this class of remedies, are often obscure; and in the course of almost every case of fever, and other dangerous disease, the practitioner will frequently on this subject find himself in doubt. It is obvious that a correct knowledge of the condition and action of the intestinal canal must essentially aid to render these indications plain. Hence every available means of acquiring such knowledge is calculated to aid the practitioner's decision in frequent cases of doubt and uncertainty. It is in this point of view, perhaps more than any other, that the exploration of the intestines by auscultation must become a valuable auxiliary to the healing art. Much information is thus afforded, in regard to the action and the contents of the intestines—circumstances which are obviously important in determining the indications for cathartics.

In many cases the practitioner is importuned by patients, or their attendants, for the employment of cathartics, when the application of the ear would give assurance that spontaneous evacuations will soon occur. So when cathartics have been administered, we have a pretty sure crite-

rion, in the signs furnished by auscultation, of the operation which they are likely to effect. The practitioner is thus guarded against over-dosing with cathartics, and thereby causing exhausting evacuations, which might be very injurious in a debilitated condition of the system.

It would be superfluous to attempt a description of the sounds which afford these indications, as a little observation renders obvious the sounds caused by a rapid peristaltic action briskly agitating the liquid contents of the intestines.

In cases of *diarrhœa* this method of exploration is valuable in forming an estimate of the severity and obstinacy of the complaint. In many cases, moreover, in the progress of fevers, and other diseases, the intestinal sounds will give the practitioner timely warning of the approach of this complaint, long before the occurrence of any evacuations; just as in pneumonia the sign of crepitation reveals the character of the disease, sometimes long before the appearance of the characteristic bloody sputa. The occurrence of a diarrhœa being thus anticipated, it may often be prevented by timely medication.

In other cases, when the occurrence of frequent copious evacuations might otherwise cause serious apprehension, we can by this means obtain immediate assurance that there is no danger. A single case is subjoined, as an instance of the satisfactory information frequently afforded me in such cases.

Some years since, I was called in haste, in the absence of the attending physician, to visit an aged woman, who in the course of a fever had been suddenly attacked with diarrhœa. The evacuations had caused extreme exhaustion, with faintness; and the patient and her friends were much alarmed. Applying the ear over the abdomen, I decided unhesitatingly that the diarrhœa would give no further trouble; but in reply I was told that for two hours the evacuations had been copious and frequent, the last only a few minutes previous; and it was urged that immediate remedies must be applied for arresting the complaint. I persisted in my decision, and did nothing except to quiet the alarm with my assurances that the diarrhœa was suspended. It was now early in the afternoon; and I afterwards learned, from the attending physician, that there was no subsequent evacuation until the next morning.

The method of exploration, recommended in this essay, may be practiced, either by the direct application of the ear, or through the medium of the stethoscope. The stethoscope is advantageously used, when it is desired to discover the sounds originating in any definite region of the intestinal canal; but for most purposes the direct application of the ear is preferable.

It is an advantage of the latter method, that ordinarily it does not require the bed-clothing of the patient to be removed; as the sounds, which are the object of investigation, may commonly be heard, with sufficient clearness, through several thicknesses of clothing—the ear being applied, with moderate pressure, over the abdomen, while the patient is lying on the back. In no case, whether the immediate or mediate method is adopted, is it required to entirely uncover the abdomen.

The immediate method has another advantage, that it not only disco-

vers the sounds originating directly under the ear, but at the same time notices those produced in more distant portions of the intestines. It thus takes a general observation of the condition and action of the intestinal canal, more fully than can be done with the stethoscope.

In conclusion, I would remark, that the purpose, of bringing to the notice of the medical profession the subject of intestinal auscultation, has been delayed for many years, with the hope of being able to give the subject a more satisfactory degree of precision and system. The importance of the subject, it will be understood, is claimed, not so much from its affording signs to characterize and distinguish different diseases, as from its giving indications of particular morbid conditions and actions of the intestines, which may occur in various diseases. The difficulty, which has been my chief source of discouragement and delay, has been the impossibility of giving a satisfactory description of the sounds affording these indications. To describe sounds, by language, is ordinarily a difficult matter. We recognize at once the voices of familiar acquaintances; but we should fail in any attempt to give a definite description of the sounds of these various voices. So the auscultator may discover variations of sound, produced within the intestinal canal, which a little observation will enable him to improve, as signs affording clear and valuable indications; but these signs are to be learned by the practitioner's own experience, rather than from any description which the experience of others can furnish.

IRREGULAR SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Having recently had a case of *irregular* scarlatina under my charge, and thinking that some account of it may be useful to the younger members of the profession, I send you the following notice for the Journal.

W. W., aged 2 years and 10 months, was observed, on the 2d of April, to be thickly covered with a rash; but as the scarlatina was not known to be in the neighborhood, and as he showed no other signs of illness, no physician was called. The rash disappeared the next day, and he remained pretty well, except a good deal of itching, and one or two blotches (of urticaria, I suppose) till the 20th, when I was called to see him. (In the mean time, his mother had had the scarlatina simplex pretty severely, and was just able to sit up again.) I found that the day previous he had complained of lameness in his left leg, and had in the afternoon been quite feverish. His symptoms at this time were—breathing short; rapid pulse; tongue coated thickly, with red and dry tip and edges, and also a red and dry strip in the centre. No enlarged papillæ upon it; great thirst; skin hot, but not very dry; bowels constipated; great prostration, and soreness of flesh all over; palms of hands itch badly; starts *very frequently* in his sleep; dozing constantly. No rash.

On the 11th I found my patient much as yesterday, and also discovered soreness of the throat. He now had all the symptoms of scar-

latina anginosa in a severe form, except the rash and the enlarged and red papillæ of the tongue. Delirious last night. On the 12th there was perceptible improvement in his symptoms, but his right eye-lids were greatly swollen, and red, exhibiting all the appearances of a severe case of purulent ophthalmia of infants, except the purulent discharge; of this there was but little. Canker was seen upon his tongue. After this, my little patient rapidly improved, and is now about the house.

On the day I was called to this case, I gave him small doses of ipecac., which produced emesis—a cathartic given the night previous had not operated. After this the treatment consisted mainly of demulcents and gentle laxatives, with half-grain doses of ipecac. I would caution the younger members of the profession against the administration of too strong cathartics in cases where the tongue presents the appearances above described, as they will only increase the constipation instead of removing it. This case I think an uncommon one. Dr. Sims mentions having seen one case very much like it, but I do not find any case mentioned by any other writer that at all resembles it. Dr. Marshall Hall expressly states that the enlarged papillæ, so characteristic of this disease, are sometimes absent. S. T.

MEDICAL PROPERTIES OF SULPHUR.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Impressed with the importance of the question, to what advantage, and in what form, *sulphur* may be used as a medicine, and disinfectant in cholera times, and firmly convinced that it is to be lamented that sulphur has fallen into disuse, and given place to a tribe of deleterious drenches and compounds, whereby a number of diseases (once nearly eradicated by the use of sulphur) have become very common, I am induced to hope that the pens of some of the medical fraternity will be engaged at once to illustrate and vindicate the value of this glorious old member of the *materia medica.* Those physicians and students whose time will admit of it, could expatiate upon this subject to the manifest advantage of the human race; but as a further inducement, I hereby authorize you to offer five dollars for the best article that may be written upon the subject, and sent to your care on or before the first day of August next; the article not to exceed three or four closely-written letter pages in length, and, of course, to be terse and comprehensive. The decision to be made by yourself and such medical gentlemen as you may choose to associate with you. And it is a condition of the contract, that all the articles so furnished shall be at your own disposal, without further cost, for publication in some one or other of the best newspapers in New England.

This may make you more trouble than you are inclined to assume, but consider that it is a good cause, and much oblige

Your ob't serv't, S.

[The writer of the above is well known to us, and readers may be assured that he is responsible for his promise.—Ed.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 4, 1849.

A City Almshouse and Hospital.—A premium of $300 having been offered by the city of Boston, for the best plan of a city edifice that shall combine all the necessary conveniences of an almshouse and hospital, there will be no lack of competitors. Mr. Edward Shaw, of Boston, is one of the number, the details of whose design we have examined with peculiar satisfaction. As he always has met with a rebuff in all attempts for the patronage of the city government, the same course of neglect may be expected on this occasion; but the merit of having devised the plan of a beautiful and excellent arrangement of apartments, appropriate in every respect for the purposes specified, will belong to him, and it will be unfortunate for the city if his economical scheme is not adopted. Some clumsy affair, the offspring of a cousin's cousin, it is presumed, will receive the smile of fortune, or, what is the same thing, the approval of the majority of a building committee.

But the most decidedly reprehensible determination of the present City Council, to place the contemplated costly structure on Deer Island, deserves to be rebuked by every voter in the city. The project was conceived in a narrow mind that cannot grasp an idea in regard to the future. Boston legislation has too often had reference to the day of its enactment, and not to a distant period, when the population would be half a million. Hence the streets, even on all the new lands, are laid out too narrowly; the squares not so spacious as they should be; and, in short, a contracted, small-minded policy has been predominant, except during the Mayoralty of the Hon. Josiah Quincy, Senior, who saw the necessities of the future generations, and his administration was shaped accordingly. The whole territory of Deer Island is not large enough for the accommodation of the paupers, who are pouring into Boston by thousands; and yet this magnificent fifty thousand dollar palace is to be erected on the beach — to be abandoned before thirty years have expired, on account of the difficulty of getting to it, and because more room will be required. Breed's Island, with its seven hundred acres, overlooking an extent of country of five and twenty miles in all directions, is the spot where all the city institutions, now at South Boston, should be placed. Two hundred acres each, will be found none too much ground for the Lunatic Hospital, House of Correction, Almshouse and Hospital, before the termination of twenty years. But a hundred years hence, who can calculate the value of such a site, for health, beauty and comfort, as an appendage to the metropolis of New England? Could the whole matter be suspended till a new set of men are called to deliberate on these immensely important subjects, it is possible the present contracted scheme would expand into a more noble one, promising more for the good of the city and for humanity in after ages.

Skilful Dentistry.—A recent notice was taken of the beautiful specimens of dental ingenuity, by Dr. Hitchcock. We have since been shown a complicated and altogether very extraordinary piece of dental mechan-

ism by Dr. Dudley, 238 Washington street, an unobtrusive, excellent workman.

By sad misfortune, Mr. Horace Bancroft, of St. Charles, Illinois, had both upper and under jaws shockingly broken, so that large pieces of bone exfoliated, and all the teeth but two were forced out. Three stumps were found on the left side of the upper jaw also. A more unpromising case rarely occurs. Discouraging as it was to several, who were not willing to undertake to remedy the deplorable situation of the patient by a recourse to art, Dr. Dudley made a trial, and the success that has crowned his effort is another splendid triumph of modern dentistry, of which the whole profession may well be proud. Mr. Bancroft not only looks as good as new, but he articulates distinctly, masticates food with ease, and, to all intents and purposes, after a trial of a year, finds himself furnished by art with apparatus equal to that originally provided by nature.—Boston is the paradise of dentists, both as it respects the amount of work done, and the prices paid for it. They do the very best of work, and obtain fees accordingly, which is as it should be.

Ventilation of Buildings.—Massachusetts is a state of impulses, of which Boston is the heart. One mania invariably follows another in rapid succession, like spectacles at a theatre. For the last two years, the ventilation fever has raged extensively, it having been ascertained that every schoolhouse in the city, the Statehouse, and all the other places which were kept in repair out of the public treasury, required immediate alterations, at no trifling expense, in the way of airing. Even the city stables must have more air; and the great wooden hospitals at Deer Island, which cannot be kept comfortably warm in winter, were beautifully cut and carved, forsooth, to let in the air scientifically. What has become of the long spouts under the floors, the patent ventilating stoves, that would freeze a company much sooner than they would warm it? Both have disappeared. The bills were audited, and paid too—and now the wise ones, that is, those most benefited by the cry for fresh air on a bleak island, laugh in their sleeves, and the costly fixtures in the mean while have become useless trumpery. Science and self-interest are very distinct affairs. Ventilation is certainly of immense consequence; but the openings in certain cases are so large that people with one eye begin to see through the prodigious necessity that existed for letting air in and taking money out!

These cogitations have resulted from an examination of a curious invention by Messrs Ottiwell and Kent, of New Bedford, Mass., for making doors and windows perfectly air-tight at the bottom. This is effected in the mere act of closing them. So the world goes:—one takes out a patent for letting the atmosphere in, and another for keeping it out. Both have their advocates, and under certain circumstances are meritorious. Take all these mechanical comforts, and all the patent medicines, and, if a ninety-ninth part of the representations in regard to them were true, this would be an epoch of perfection, and men might live or die most beautifully, just as suits their convenience.

Tar Water in Cholera.—A well written communication appears in the Vandalia (La.) paper, by Dr. C. S. Magoun, of Natchez, on cholera, which is very sensible till he arrives at the remedy, which is an old friend with a new face, and is nauseous enough in all conscience. It is *Tar Water*, the jest

of ten generations of wits! But the medicine, as recommended by Dr. M., is to be taken before the disease appears. "The water casks or buckets from which the water is to be drank, should be coated over with tar, and enough agitation given to the water to give it a tarry taste and smell, making it slightly astringent and pungent. This is not unpalatable, and, after using it a short time, it is preferred."

Southern Medical Reports.—E. D. Fenner, M.D., of New Orleans, proposes to publish an annual volume of meteorology, medical topography, and diseases of the southern States—containing general and special reports. Dr. F. is a man of energy, science and tact, and whatever he allows to go to the public, will bear a close examination. Manuscripts must be sent to him by the first of January, to receive attention. As Dr. Fenner will in no way interfere with medical journals, it would be a reproach to them, if they do not give him a generous support. Articles sent to the care of this office will be seasonably forwarded.

Castleton Medical College.—At the close of the late spring session of lectures in Castleton Medical College, was held the usual examination of candidates for the degree of Doctor in Medicine, by the Faculty and Delegates of the State Medical Society. It being the duty and privilege of the delegates to participate in all the examinations, to examine the inaugural theses and certificates of the term of study, and to give a vote equivalent to the approbation or rejection of the candidate, and also to report thereon annually to the Society; after a faithful discharge of the precedent duties, the Delegates presented to the Corresponding Secretary of the Society their annual report, which is highly commendatory of the class of candidates and the College.

The degree of Doctor in Medicine was conferred on twenty-seven gentlemen; the graduates and a respectable and highly interested audience were addressed by John L. Chandler, M.D., one of the delegates. The address was one of the most happy and opportune efforts of the accomplished and able author—such an one as bespoke in the minds of the auditors a desire for its perusal by the profession at large.

Rhode Island Medical Society.—At the annual meeting of the Rhode Island Medical Society, held at Providence, June 27th, the following officers were elected:—S. Augustus Arnold, *Providence*, President; George Capron, *Providence*, 1st Vice President; Hiram Allen, *Cumberland*, 2d Vice President; James W. C. Ely, *Providence*, Recording Secretary; Charles W. Parsons, *Providence*, Corresponding Secretary; Lewis W. Clifford, *Providence*, Treasurer; Oliver C. Turner, *Newport*, Librarian and Cabinet Keeper for Southern District; Sylvanus Clapp, *North Providence*, Librarian and Cabinet Keeper for Northern District. Joseph Mauran, Theophilus C. Dunn, William A. Shaw, James H. Eldridge, Jabez Holmes, Hervey Armington, William Richardson, Ezekiel Fowler, Censors. Drs. James E. Roberts, Edward G. McCormick, and Selim H. Stanley, were admitted fellows. Professors George Hayward and John Ware, of Boston, were admitted Honorary Members.

The Fiske Fund Premium, offered in 1848, for the best dissertation on "Ship Fever, so called, its nature, and best mode of treatment," was announced to have been gained by Henry G. Clark, M.D., of Boston.

A learned and interesting discourse was read by Dr. David King, of Newport, on the history and necessary conditions of the progress of medical sciences. The committee on the recent history of cholera, presented their report, parts of which were read by Dr. C. W. Parsons.

The venerable Dr. Levi Wheaton favored the meeting by his presence. As he entered the Hall, while Dr. King was delivering his discourse, a pause of some minutes ensued, and the members, with a general and spontaneous impulse of respect, rose and continued standing till Dr. Wheaton had taken his seat.

The Cholera. To THE EDITOR. Sir,—At p. 425 of your last No., June 27th, you say, "It (Cholera) does not spread in this city (Boston). Do inform an anxious mind, if there be any Cholera, or if there has been any to spread? I believe there has not been a case which could do either, and the people seem to think somewhat the same.

At p. 428, "Albumen in the urine of Cholera Patients" is a heading. In 1832, there came not a drop of urine *out* of a cholera bladder,—and not a drop was found *in one* after death. This was the case in Boston. In Paris it seems, according to Rostan, urine abounds. Nay, albumen in it is found early in the attack, and three or four days after, and prognosis is derived from it, at least Rostan "would give no prognosis without testing the urine." We should have got no prognosis from him in our 1832 disease. But times change, and so may cholera. Do, kind Editor, tell an anxious mind if our *present epidemic* is the same with that of 1832? Do report the state of things at the Fort Hill Hospital, for as the disease does not spread here, it probably is all there.

These queries are put because a man of very mature years asked, the other day, if any cholera had been here this season. He did what many men have done before him. He answered his own question, and in the very breath in which it was put, "I don't believe there has been a single case of cholera in Boston this season." As he is not a doctor, the people may think precisely as he does of the matter. You remember the adage, "Doctors disagree," &c., &c.

Please insert this, though written on—5 by 4—from a rare writer, but a

June 28, 1849. CONSTANT READER.

Medical Miscellany.—A calf was exhibited in Wilmington, Del., last week, which was quite a great curiosity. It had two heads separated so as it could drink milk out of one bucket, while it ate meal out of another. The heads were entirely perfect, there being four ears, four eyes, and the indications of four horns. It was four or five months old, but could not walk, the heads being so heavy as to destroy its balance.—Dr. J. F. Wright, of Greenfield, Ohio, has invented a machine to print the names of subscribers on newspapers, by which 1800 papers can be directed in an hour with perfect accuracy. It is to be patented.—A severe form of typhus fever is carrying off the colored people in some of the charitable institutions in Baltimore.—Frequent accounts appear of the prevalence of small pox in the country. Why don't the physicians resort to the only remedy, vaccination?—President Polk died of a chronic diarrhœa.—Dr. John B. Beck's address to the graduates of the College of Physicians and Surgeons, in March last, at New York, has appeared in pamphlet, from the New York Journal of Medicine.—At St. Louis a Miss Taylor was taken sick with Cholera on Sunday. It was supposed that she had died. Her brother insisted that she should not be buried until next day. On Monday, while the funeral preparations were in progress, she suddenly revived, and now bids fair to recover.—A Dr. Harmul, who sued a paper for a libel on his wife, has had a verdict returned, of $10,000 damages.—The Annapolis authorities have appropriated $250 for lime, to prevent the cholera.—Of a population of three thousand, in the town of Champlain, N. Y., there are now living *sixty* persons between the ages of *seventy* and *eighty-six*.—A live toad has been found in a block of wood, in Greenwich township, Berks county, Pa.—About one thousand natives had died of measles and hooping cough at Oahu, Sandwich Island, in November last, according to the Missionary Herald. Probably the mortality of the other islands was not so great,—but it is presumed that one tenth of the Hawaiians were carried off by the epidemic. The native race is doomed, evidently, to disappear in the course of years.

MARRIED.—Cyrus S. Mason, M. D. of Braintree, Mass., to Miss H. Field. In Somerset Co., N. J., June 7th, Simeon S. Dana, M. D., of Clover Hill, Hunterdon, Co. N. J., to Miss Julia A. Monfort, of Somerset Co.

Report of Deaths in Boston—for the week ending June 29th, 88.—Males, 49—females, 39.—Of consumption, 10,—cholera, 2—cancer, 2,—canker, 1—child-bed, 1—disease of the heart, 5—drinking cold water, 10—dysentery, 2—diarrhœa, 1—dropsy on the brain, 3—dropsy, 1—debility, 1—drowned, 2—scarlet fever, 9—typhus fever, 6—bilious fever, 1—infantile, 4—inflammation of the lungs, 6—inflammation bowels, 2—marasmus, 2—sun struck, 1—teething, 4—suicide, 3—accidental, 1—disease of the spine, 1—lung fever, 1—gastro-enteritis, 1—cholera morbus, 1—intemperance, 1—bronchitis, 1—paralysis, 1—old age, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 26—between 40 and 60 years, 22—over 60 years, 8.

Œdema of the Uvula.—Dr. Golding Bird lately drew the attention of the Medical Society of London, to a condition of the uvula of which he had met with three cases, but which he believed were uncommon. It consisted of an elongation of, or rather addition to, the uvula. The addition, consisting of a thin body, varying in length, and about the size of a crow-quill, appended to which is a pellucid body, in some cases about the size of a French bean. The disease seemed to consist of an œdematous condition of the membrane of the uvula. His attention had been called to it first, by having been sent for in a hurry to see a lady, who, having been previously in good health, was suddenly seized with symptoms of suffocation, and most distressing cough. On examining the throat, at first nothing unusual could be detected; but on a further examination, the condition above referred to was discovered. A pair of scissors easily snipped off the offending addition. In a second case the patient was a publican—a hard-working, sober man, but who had suffered from slight inflammatory fever before. In his case the signs of asphyxia were most marked and alarming. In his case, also, the body, which was as large as a walnut, and in this instance without a pedicle, was easily removed. In another case, a young man had suffered from sore-throat for several days, and here the symptoms suddenly became alarming. On examining the throat, a body connected by a pedicle was found to be attached to the uvula. It was easily removed. In neither of these cases did the narrator know the cause of the affection, but in one instance the urine was albuminous.

Dr. Bowie related a case, in which a tumour of the kind mentioned had produced hoarseness, and on one or two occasions, symptoms of asphyxia.

Dr. Bennet had seen cases of œdema of the uvula, in which there was no concomitant sore-throat. Astringent gargles usually cured the disease.

Mr. Pilcher had seen cases of œdema of the uvula. In some instances a body hung from the uvula, suspended by a thin, pellucid pedicle.

Mr. Hilton had seen similar cases. The bodies attached to the pedicle were very liable to get down into the larynx, and produce spasmodic action of the muscles of that body, and threaten suffocation. He mentioned that he had seen great evil arising from the removal of the uvula; it destroyed the proper form of the pharynx, and interfered with deglutition.

Homœopathy and the Cholera (Paris).—Dr. Guillot, attached to the Salpetriere, annoyed at the little success his treatment of cholera was meeting with, and staggered by the high-sounding promises of the adherents of homœopathy, lately gave one of the latter six beds in the above-named establishment, the patients to be treated homœopathically. Hahnemann's follower immediately set to work, and began to exhibit, first globules of arsenic, then globules of bryony, and lastly of charcoal. But alas for the poor patients! out of seven thus treated, not one recovered! Of course the homœopathic practitioner was obliged to give up; but he cheered himself with the belief, that after running through the whole materia medica the true treatment of cholera *must* at last be found. Similar trials have been made at the Hopital St. Louis, with pretty well the same results These facts will be a warning to those who would be inclined to give faith to the magnificent promises of homœopathists.

New Medical Books in London.—First Report of the Somerset County Asylum for Insane Paupers. Objections to the Indiscriminate Use of Anæsthetic Agents in Midwifery. By W. F. Montgomery, A. M., M. D., &c.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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CASES OF UMBILICAL HÆMORRHAGE IN INFANTS.

BY JOHN HOMANS, M.D.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

The subject of the following cases appears to command sufficient interest to warrant me in occupying a few minutes in detailing them.

Case I.—T. M., a healthy child, was born on the 5th January, 1842, and continued well until the 6th day from its birth, when slight hæmorrhage commenced from the navel, which resisted all control by pressure or styptics, or compresses and bandages, until the separation of the cord on the ninth day, when it ceased on compression being firmly applied after the application of the nitrate of silver.

Case II.—E. M., daughter of R. M. M., having all the appearances of health, was born on the 22d of February, 1842. On the morning of the fourth day, the cord separated and all appeared well. In the evening profuse hæmorrhage from the umbilicus commenced, which for several hours seemed to defy all attempts to arrest it, as simple compression, the application of styptics, nitrate of silver, &c., but was at length checked, and eventually entirely stopped, by a compress made of the particles scraped from the fleshy side of sole leather, secured by strips of adhesive plaster and a bandage wound tightly around the body. On the day following considerable blood passed from the bowels, which was dark colored and mostly coagulated, perhaps an ounce. In two or three hours this was succeeded by another like the former. At this time the pulse became feeble, the skin pale, and the countenance sallow, though the hue did not exactly resemble that of jaundice. The child slept more than is usual, and when awake was uneasy as if in pain, for the next twenty-four hours, but the hæmorrhage did not recur, and the child recovered its health, and became remarkably vigorous. In the spring of 1848, when 6 years old, she was affected with jaundice, from which she recovered as readily as other children.

Case III.—F., son of G. A. F., born June 10, 1848. This infant was remarkable for its good proportions and healthy appearance. Cord separated on the fifth day, and on the sixth (the day following), bleeding commenced from the navel so as to alarm the nurse, and induce her to send for medical aid. Supposing me to be out of the city, Dr.

Martin Gay, who lived near by, was first called in. He used compression, which was apparently successful in restraining the hæmorrhage. In a few hours it recurred as freely as before. We then applied caustic in solid form, and, over all, a solution of gun cotton with a hair pencil. The application of the solution was frequently repeated, the part being left uncovered and freely exposed, so that should bleeding re-commence, pressure with a small firm sponge might be had recourse to. The navel and part immediately surrounding swelled and threatened to burst out, and, after an interval of twelve hours, bleeding for the third time took place. Caustic was again applied, and the solution of gun cotton as before.

The navel was now inflamed and swollen, so as somewhat to resemble an umbilical hernia. I think a very slight hæmorrhage occurred on the next day, which was immediately arrested by the solution of gun cotton applied as before; and, on that day, the eighth from birth, the skin assumed a yellow tint, which I had not discovered before. The nurse, however, thinks she perceived it soon after birth. From this period, no recurrence of bleeding or symptoms of disease appeared, and the yellowish tint of the skin and eyes, and morbid aspect of the countenance, gradually gave place to the freshness and fairness of health. He has since been uniformly well.

Case IV—was communicated to me by Dr. Stephen Ball, of this city.

A. M., daughter of T. S., was born in December, 1847. She was well formed and apparently healthy. The umbilical cord came off on the fifth day, and on the eighteenth hæmorrhage commenced, which was partially restrained by compression. On the twenty-first day the skin became yellow, and purple spots appeared on the legs, and bleeding from the gums. On the same day nitrate of silver was applied in solid form. This at first seemed to restrain the bleeding, but it was only for a few hours, and when restrained ecchymosis formed around. Finding caustic unavailing after repeated trials, compression was resorted to, which was effectual for some hours, but hæmorrhage recurred, and continued until death took place on the 23d day from birth, and the 5th from the first attack of hæmorrhage.

Case V.—This case was communicated to me by the late Dr. Henry H. Rising, of Westboro'.

The bleeding commenced five days from birth, from a point within the umbilicus, thought to be about one fourth the size of the calibre of the cord at its insertion. The child appeared well and plump at this period, excepting some colicky pains and green stools. A yellow tinge of the surface gradually came on, and increased until death. It nursed well until three or four hours before death. No unusual degree of hæmorrhage during its last hours.

A purple spot was discovered upon the spine of the last cervical vertebra, three days before death, about the size of a dime. Others of a larger size were discovered upon the side and back, the day before its death. One appeared upon its inner ankle. Mrs. H., the mother, thinks she noticed this the second day of its illness, a small point then. These

appearances the doctor supposed to arise from mere ordinary capillary attraction, and he took but little notice of them.

Dr. R. applied graduated compresses at first, the nurse's finger kept constantly pressed upon it, as heavily as the state of the bowels would permit, which simple means once stopped the bleeding for twelve hours; afterwards ice on compresses, creosote, powder of nutgalls, the solid nitrate of silver, &c., with no effect. Iron heated to white heat was applied freely to the bleeding surface—also lint soaked in gum shellac dissolved in alcohol. The blood, after the application of the actual cautery, oozed from the sides of the granulations which filled the cavity. Spirits of turpentine and tincture of muriate of iron were of no effect.

Case VI.—The history of this case was furnished me by Dr. Putnam. It differs from those above detailed, in the earliness of the period at which the bleeding commenced, and in its peculiarly hæmorrhagic character.

The child was born about 10, A. M. In the afternoon blood was found to have been oozing from the funis, and ligatures were repeatedly applied. During the night, the right eyelid became œdematous, and livid from extravasation of blood. Effusion soon occurred in the trunk and limbs, but without discoloration. In various parts, chiefly of the limbs, were circumscribed portions of a stony hardness. Pulsation continued in the funis, and blood constantly oozed from its extremity until the fourth day, when it became partially detached, and the blood escaped from the place of separation. Death took place on the fifth day. Compression and various styptics were employed, without the slightest advantage.

Autopsy.—Surface of body yellowish. Effusion of blood into right upper eyelid, and in several places about ankles and vulva. Considerable amount into each lung, and some into parietes of small intestine. Blood in heart pale and thin. No trace of clot. Remains of funis dried, and as if soaked in blood. No blood or clot in umbilical vessels, and the arteries seemed to be traceable directly into the funis.

During the last weeks of pregnancy, there was a remarkably distinct *soufflet*, synchronous with the fœtal pulsation. It was heard chiefly in the left iliac region. By changing the position of the patient, the sound of the fœtal heart could be heard unattended with *soufflet*, thus proving that it was produced by the circulation through the funis. The funis was a closely-twisted spiral—unusually large and turgid with numerous diverticula.

Case VII.—Dr. Channing furnished me with the following case.

A son of Mr. L., born healthy to all appearance. On the second day ecchymosis was observed around the funis, completely encircling it. Purple spots soon after appeared universally. The umbilical cord separated on the fifth day, when bleeding commenced from its origin, and which was followed in a few hours by death.

Of the above, five were male children, and two females. In none of the parents has any hæmorrhagic tendency been known.

The following table will show the date and source of bleeding in these cases.

Case 1, on the 6th day, from the extremity of the funis—recovered.
" 2 " 4th day, after separation of the funis "
" 3 " 6th day, " " "
" 4 " 18th day, " " died.
" 5 " 5th day, " " "
" 6 an hour or two after birth, before separation, from the extremity of the funis "
" 7 on the 5th day, and after separation of the funis "

In the 2d, 4th, 6th, and 7th cases, there was hæmorrhage from other parts besides the funis.

158 *Tremont street, July,* 1849.

TUMOR OF THE LEFT OVARIUM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following case of ovarian disease lately came under my notice; an account of which will be interesting to some of your readers, as several of the most eminent medical men in our country were consulted in regard to it.

Mrs. C———, wife of H. G. C., Esq., of this town, died June 8th, 1849, aged 36 years. She was of a bilious lymphatic temperament, and enjoyed the most perfect health until seven years since. She had been married nine years, and given birth to two sons, who are now alive and in fine health. After the birth of the first child (which was seven and a half years ago), it was noticed by her nurse that the abdomen remained enlarged for an unusual length of time. The parts, however, regained their natural position, and it was not till nearly a year from that time that the tumor was first discovered. It was situated in the left lumbar region, two inches in diameter, and moveable. At this time there was not any pain, or tenderness on pressure, and the general health was good. Nearly five and a half years ago she gave birth to her last child, when but seven months advanced in pregnancy. The child, although just alive, is still living and healthy. The abdomen remained enlarged, and never regained its natural position. The tumor was found to be on the increase, although the health was good. Feeling some alarm for her situation, five years since she first consulted Dr. Rich, of Bangor, in regard to the nature of the disease. He at once pronounced it ovarian, and that an alterative course of treatment was the only hope of arresting it. She afterwards consulted Drs. Cheever, Renton, J. C. and J. M. Warren; all of whom agreed in regard to the nature and treatment of her malady. The tumor continued to increase in size; and nearly a year and a half ago abdominal dropsy made its appearance. This at length became very troublesome; which, together with the weight of the tumor, produced prolapsus of the bladder. She visited Boston six months since, and consulted Dr. J. C. Warren for the prolapsus; and by his directions an ivory pessary was constructed and applied so as to retain the organ within the pelvis up to the time of her death. The dropsy became so severe five months ago, that she consulted Dr. Josiah Crosby, of Manchester, and he performed the operation

of paracentesis abdominis, and removed thirty lbs. of light-colored serum. A severe peritonitis followed the operation, and for a time recovery seemed impossible. The acute form of the disease, however, yielded to the usual remedies. The water soon accumulated, and in nine weeks Dr. Crosby again removed twenty-two lbs. of serum slightly tinged with yellow. She escaped the suffering which followed the first operation; and appeared even in better health than she had been for several months. But she found that the dropsy was rapidly increasing; and in two months I removed thirty-five lbs. more of dark-colored serum, highly tinged with green. Nothing unfavorable after the operation; but it was ascertained that the tumor was increasing in size. The water now accumulated to such an extent that in two weeks I again removed thirty lbs. of thick, dark-green serum; which from the odor was highly charged with ammonia. The pain she suffered through the shoulders, chest and abdomen, before tapping, was not relieved as formerly; but gradually increased, and at last became insupportable. About thirty-six hours prior to her death, I suggested to her the use of chloroform, to which she consented. It was applied to the nose on a napkin, and so great was the relief that she constantly asked for it, as the strength disappeared. For nearly thirty hours she was under its influence the most of the time, without any apparent ill effect. From 1 o'clock, A. M., till the hour of her death, which was at 7 next morning, she remained quiet, and appeared unconscious of anything about her.

As before said, her general health was always good. She never at any time suffered pain in the tumor; and it was not till about one year ago that a change became apparent in her system. Since that time, her inferior extremities have been œdematous, and she has at times suffered severe pain in her limbs, small of the back, through the chest, shoulders, and the region of the diaphragm. Respiration was always good, until by pressure of the tumor it became hurried and laborious, attended occasionally with a slight cough. Her appetite was quite natural until within two months, when it became somewhat capricious, and, one week before her death, almost entirely left her. The digestive organs were healthy, with the exception of the last four weeks, when a troublesome diarrhœa made its appearance. For the past year the urine has been scanty, and voided oftener than natural, and sometimes also attended with pain. The bladder, although held within the cavity of the pelvis by the pessary, returned *completely* to its natural situation on the first tapping. The catamenia had always been regular up to within two months, usual in quantity, and perfectly natural in every particular. Emaciation took place rapidly during the past year; so much so, that at last she was a mere skeleton. It was with difficulty that she could walk from room to room the last few days, but was dressed even to the last.

Upon the *post-mortem* examination which took place, I found fifteen lbs. of milky serum, in which were floating small globules of lymph. The tumor was ovoid in shape; the small extremity situated superiorly. It was found to have a circular attachment to the umbilicus, five inches in

diameter. At the apex it was also attached to the stomach, liver, diaphragm and left lung, in such a way that the least motion of the tumor produced a change in the position of these organs. There were also three other points of attachment to the peritoneum, of one and two inches in diameter, in the left hypochondriac region. Inferiorly its base rested upon the pubes, where also it was attached to the lining membrane of the pelvis. A few slight bands passed to the bladder; but from appearance they were recently formed. The uterus appeared to be in no respect connected with the tumor. The pelvic and abdominal organs lay behind it; all of which appeared perfectly healthy, only being somewhat reduced in size, excepting the bladder, which was slightly enlarged. They were all entirely coated over with organized lymph. The abnormal growth was the left ovary, as was supposed; and retaining very nearly its natural shape. It was attached to the body by a round cord of about four lines in diameter, and weighed 21 lbs. and 8 oz. Its external surface was quite smooth, and but very little roughened on any part of it. On examination a glandular appearance was at once perceptible, resembling the mammary gland in color, and of greater solidity. The Graafian vesicles could be plainly seen in different stages of development: some as they naturally existed; others two, three and five inches in diameter, but instead of containing a viscid liquid, they appeared to consist of lobules of glandular substance, rendering the texture of the organ equal to that of the heart itself. The right ovary was situated naturally, and of the usual size.

Yours respectfully,

South Deerfield, N. H., June 25, 1849. J. Allen Tebbetts.

CASE OF DISEASED KIDNEY, AND STONE IN THE BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I send you the following case for publication.

I was called, August 3, 1848, in consultation with Dr. G. W. Fosdick, of Goshen, Indiana, in the case of David Hough, aged 45 years, whose health had suffered much for eight or ten years past in consequence of irritation and disease of the urinary organs. At the time of my visit, I found him much emaciated, suffering extremely from irritation and inflammation of the bladder, having been confined to his room for several months, and requiring three or four grains of morphine every twenty-four hours to give him any relief from his suffering condition. His attending physician had fully impressed upon his mind the probability that he had calculi in the bladder, and that nothing but an operation could give him more than temporary relief. Upon sounding the bladder I at once detected a stone, having first introduced a silver catheter. As the urine flowed, quite a quantity of fœtid pus made its escape. The introduction of the instrument gave much pain and suffering. He had been treated for several weeks past with a view to an operation if a stone was found; upon sounding the bladder it was, therefore, determined upon to perform the operation of lithotomy on the following day.

A laxative of rhubarb and magnesia having been ordered to move the bowels, followed by a full anodyne, I proceeded, on the next day, to operate (assisted by my friend Dr. Fosdick, and several other medical gentlemen present) by the lateral operation. Notwithstanding his emaciated condition, I found the perineum much thickened and firm. When the incision was extended into the neck of the bladder, pus escaped freely with the urine. I now introduced my finger into the bladder, and discovered a large stone, which was grasped with the forceps and brought down to the opening, which I was compelled to enlarge by introducing a probe-pointed bistoury by the side of the forceps. It still required some force to remove the stone. While making traction with the forceps in my right hand, with the fore-finger of my left I pushed the coats of the bladder back from around the stone, and succeeded in removing it. It weighed four and a half ounces. The bladder was washed out by throwing into it milk and water, and the patient put in bed, resting upon his left side, with the thighs flexed, and a gum-elastic tube left in the wound to facilitate the escape of urine.

Notwithstanding the diseased condition of the bladder, he slowly recovered without any unusual symptoms. The wound was slow in healing, leaving a small fistulous opening. His health so far improved during the fall and winter, as to enable him to pursue his usual trade, which was shoe-making.

April 30th, 1849, he was taken with a severe rigor, followed by fever and diarrhœa, and profuse hæmorrhage from the bowels, supposed to be from hemorrhoids. Dr. G. W. Fosdick saw him on the second day after the attack, and found him with a small pulse, anxious countenance, and in a sinking condition. Stimulants and cordials were administered, but he soon died.

Autopsy, six hours after death, revealed the true condition of the case, and the cause of death. The left kidney was very much enlarged, filled with fœtid pus; ureter much enlarged, three fourths of an inch in diameter, the calibre corresponding with the size, its coats not thickened, and also containing pus. Right kidney not so large as left, filled with fœtid pus. The pelvis contained twenty-two stones or gravelly concretions, from the size of a common white bean to that of a pin's head. Right ureter not as large as left, but containing also considerable pus. The bladder was contracted, and the coats very much thickened. The incision made in the bladder in the operation remained open as large as a half dime. The bladder contained a small stone as large as a quail's egg, and very rough.

DANIEL MEEKER, M.D.,
Laporte, Ind., June, 1849. *Prof. of Anat. in Ind. Med. Coll.*

MEDICAL MATTERS AT PANAMA—LETTER FROM DR. LEONARD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As you will perceive by the date of my letter, I am really on the "Isthmus," the far-famed place of alligators, and reptiles of hideous shape. By the way, I have not as yet seen a single alligator or ser-

pent since my arrival at Chagres. No place was ever more defamed. The town is cleanly, and at present healthy. The river, instead of being a filthy pool, teeming with lizards and throwing out the elements of disease and death, is a lovely one; a winding stream of clear sweet water, its banks rich in verdant foliage and wild flowers, rendered almost enchanting by the music of birds. Had Chagres given birth to Burns, her noble river would have been immortalized in song.

"Flow gently, sweet" Chagres, &c.,

would have been the strain, and Afton's waters would yet remain unsung.

I have been here about 17 days. Our journey across the isthmus was rather a fatiguing one; but it was mingled so much with the delightsome, the exciting and the new, that we did not realize our weariness until we had arrived at the end of our journey.

Panama contains about 5000 inhabitants. It is in a state of ruin. It is a walled city, built after the manner of most Spanish towns. After the stranger has spent a day about town, looking in at the hotels and shops, his attention will be next directed to the ruins of churches, convents, monasteries, cathedrals, and fortifications which yet remain in a dilapidated condition, and are partially occupied by priests, nuns and soldiers. I think this might be as healthy as any town in a tropical climate, if proper cleanliness and quarantine measures were instituted. But as it is, there is so much filth and lack of health regulations, that it is, from the very nature of things, otherwise. Some 15 or 20 Americans have died here, since December last, of fevers and other disorders. Many have been sick. More than half of the American population are either sick, or, to use the common phrase, are "out of health." Intermittent and remittent fevers prevail here more or less at all seasons, particularly during the rainy season, which is just commencing. Diarrhœa and dysentery are rather common among both emigrants and natives at this time. These latter diseases yield readily to early and appropriate treatment. I have treated several cases, and have been gratified with the success I met with. In the early stages of diarrhœa, I give tinc. opi. from 15 to 25 drops every three hours, enjoining quietude; farinaceous diet, drinks in small quantities, with a large mustard plaster over the abdomen. Dysentery should be managed on the same principles; instead of the laudanum, I prefer six grains of Dover's powder, combined with two of calomel every three hours, until bilious evacuations appear, which is generally soon—in all the cases that I have seen, within 24 hours. In two instances were the stools very copious and sanguineous, and in these I added to the prescription acetate of lead in two grain doses. I have treated but one case of fever. That did well under the usual treatment for bilious remittents; two grains of quinine were prescribed every four hours, and continued until convalescence was established.

The water here is decidedly bad; there are no good wells in the city. The water is brought in town on mules, and sold for a rial a jar. It is often thick and fœtid. This must be another source of disease.

When the Crescent City Steamer arrived at Chagres, the Propeller

Col. Staunton was lying there with some two or three cases of cholera on board. The Col. Staunton was from New Orleans. About twenty cases occurred on board during the voyage, and five or six deaths. They buried two at Chagres. As we passed up the river about 25 miles, a party from the Col. Staunton had tented out and were about to bury one of their number who had died that morning of cholera. They came up and encamped near us that night. The next day they left two of their companions on the way sick. I never heard from them afterwards. Another of them died of cholera at Gorgond. One of our fellow passengers was seized with the disease the evening we arrived here. He died the next day—and two natives died of cholera a day or two after. These circumstances being generally well known, caused some excitement and alarm. Mr. Nelson, the American Consul, was applied to for advice upon the subject. He said he was not apprehensive of a prevalence of the disease, inasmuch as this was the third time it had been introduced here from foreign parts, and it never had extended beyond three or four cases. A physician of standing, who saw all the cholera patients who died here last winter, and who also attended Mr. Van Houton, the passenger from the Crescent City, confirms what Mr. Nelson says.

It is singular that a healthy person, coming from a healthy ship, should contract *spasmodic cholera* and die of it in a town where the evidences are that such disease cannot prevail as an epidemic. It is singular, too, that the disorder immediately declines on its introduction here, in a place in which filth and other material for its generation are so abundant as in Panama. Here are impure air, impure water, old buildings, carrion, and all manner of filth, with no scavengers but the buzzards, that, as numerous as they are, have more than they can do.

It is asserted that cholera has never prevailed in these latitudes on the shore of the Pacific. If this is so (?), it is another unaccountable fact connected with the history and progress of the disease. I do not remember of ever hearing of cholera in any of the Pacific towns, from Valparaiso up the coast, though it has raged with a deadly sweep in the *interior* of the country in the same latitudes. I may be mistaken on this point, but I think that I am correct in this impression.

How far these facts will go to substantiate the doctrine of contagion, or non-contagion, I cannot determine. That they do not remove the veil of mystery which hangs over this disease, is very true—they rather seem to color it deeper. However this may be, they are respectfully submitted to your disposal.

I will not weary you nor the readers of the Journal with a description of Panama. I expect to leave it in a few days for St. Francisco. I shall avail myself of some opportunities of writing from that place, if such communications are agreeable to your wishes.

I remain, very respectfully, yours, J. P. Leonard.

Panama, May 17, 1849.

Note.—That the disease which occurred here last winter, and since the arrival of the Col. Staunton at Chagres, was real Asiatic cholera, there

can be no doubt. This is the united opinion of several physicians, one of whom saw many cases of cholera in New York during the epidemics of 1832 and 1834.

STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Believing the following case of strangulated hernia to be one of interest to the medical profession, I send it to you for publication.

Mr. Wm. Beal, of this village, requested me to visit his brother, Samuel Beal, of Wales, on Friday, the 12th ult. He stated to me, that his brother had been at work the Wednesday previous, building some fence, and that, while thus engaged, two old, oblique inguinal herniæ, with which he had been troubled for about twenty years, came down three or four times, in the course of the day. These hernial tumors he described as being about the size of one of his fists. He succeeded in reducing them without any material difficulty, as he had always before done. Immediately after the last reduction, he was seized with pain low down in the bowels, which soon, however, affected him higher up, about the region of the umbilicus, resembling that of colic. On the following morning, Dr. Prescott, of Monmouth, was sent for, who pronounced the case "colic." When I arrived there, on Friday evening, the patient presented the following symptoms. Severe pain in abdomen, tympanitis, great restlessness, occasional vomiting, thirst, tongue coated, rather dark colored and dry, pulse about 100. He had had no evacuation from the bowels since he was taken. Dr. P——— had administered cathartics of cal. and croton oil; had bled him, made use of the warm bath, and applied a blister to the abdomen, without any relief.

Taking into consideration the history of the case, together with the inutility of the treatment, I came to the conclusion that strangulation of a portion of intestine, at one or the other of the internal inguinal rings, must have taken place, and was the cause of the symptoms present. On examination, however, of the inguinal regions, I could not discover the slightest appearance of tumor on either side, and but slight tenderness and soreness on the left. The right external ring being very large, together with the absence of tenderness on that side, led me to form the opinion that the stricture must be at the left internal ring. I therefore proposed to Dr. P——— to give him sulph. mor. gr. ss., and cal. grs. xx. to xxx., and if there should be no evacuation from the bowels by morning to perform the operation for strangulated hernia; first cutting upon the left side, and failing to find stricture there, then upon the right side. Soon after taking the morphine he became more quiet, and fell asleep for the first time since he had been sick. About 12 o'clock, I left him to return home. In the morning, as we arrived in the neighborhood of the patient, his brother, who accompanied me, inquired of some of the neighbors whom we met, how he was. The answer was, "he is better; Dr. P——— says there has been a partial operation from the bowels, and he is

doing well."—While going into the house we met Dr. P——— at the door, who made the same statement. I proceeded to his room, and was surprised to find him in a sinking state, pulse 120, small and weak, cold extremities, and every indication that he could not live twenty-four hours. I immediately stated to his brother, that I differed from Dr. P——— in the opinion that the patient was better, and that an operation for strangulated hernia alone could save him. At the same time, I candidly told him I was not *certain* of finding stricture at either of the internal rings; and, even should I find stricture as I expected, yet the amount of peritonitis present, and the state of exhaustion, might prevent an operation from being successful. But of one thing I assured him, that without the operation he must die. After hearing my statements, he was anxious to have me operate. But Dr. P——— still insisting that the case was one of "colic," and the patient "better" and "doing well," I thought I should be assuming a greater amount of responsibility than I ought, if I operated without more counsel. I therefore requested that Dr. Hubbard, of Hallowell, or Dr. Hill, of Augusta, might be sent for.

When I next examined the patient, I discovered a tumor extending from the right external inguinal ring, along the spermatic cord, to near the right testis. It could plainly be seen, was not very elastic, and could easily be made to disappear with slight pressure, passing into the external ring, apparently into the abdomen. This tumor, I have no doubt, existed the evening before, though I did not then notice it. I watched this tumor during the day, and found that it soon returned after being made to disappear; and the longer it remained untouched, the larger, firmer and more elastic it became. But, notwithstanding the apparent ease with which it could be got rid of, I could not help thinking there was some deception about it, and that an operation would discover stricture at the internal ring.

Dr. Hubbard arrived about 5 o'clock, P. M. After an examination of the symptoms and the history of the case, he agreed with me in the opinion that strangulation probably existed at one or the other internal inguinal rings. The patient was now in a still more sinking state than in the morning; pulse 140, and almost imperceptible; increased tympanitis; great coldness of the extremities; frequent vomiting; faintness on being placed in the erect posture, &c. At the first examination of the patient, Dr. H——— did not discover the hernial tumor on the right side, in consequence of its disappearing so easily on handling the parts. He was undecided about the propriety of an operation, on account of the sinking condition of the patient, and from the fear that invagination of a portion of intestine might have taken place during the reduction of the herniæ the last time on Wednesday, and also on account of the uncertainty as to which side the operation should be performed, if done at all. He recommended to make some farther attempts to move the bowels by enemata, throwing up a large quantity so as to produce effect by distension; also to try to get rid of the strangulation by lifting the patient by the heels, and holding him in that position for a short time.

These means proving unavailing, the propriety of attempting an operation again came up for consideration. Should we try to save him by

that, or should we abandon him to his fate? And if we concluded to operate, how and where should it be done? These were questions more easily asked than answered. Dr. H——— suggested, rather than recommended, that we should make an incision of sufficient length, in the mesial line just above the pubis, to enable us to get at the internal inguinal ring on either side, and relieve the stricture at whichever place it might be found. I told them I was then willing to acquiesce in whatever decision we might come to, after proper deliberation, either to operate in the manner and place that might be considered for the best, or not to operate, if we should come to the conclusion that an operation was not proper under the circumstances of the case. But at the same time I stated to them that I did not like the idea of the patient's dying without an attempt being made to save him by an operation; and that, had I been alone with him in the morning, so situated that I could not get any counsel, I should not have dared to take the responsibility of letting him die without a resort to it. I was asked where I should have performed the operation. Having in mind the tumor I had noticed on the right side during the day, my reply was, "I would have cut upon the right side; had I not found stricture there, I would then have cut upon the left." When we returned to the room, I drew Dr. H———'s attention to the tumor above mentioned. As it had remained untouched for some length of time, it could readily be seen and felt, but, as at other times during the day, was easily made to disappear (apparently passing into the abdomen), by slight pressure in the direction of the inguinal canal. From its being so easily got rid of, and from the large size of the external ring, Dr. H——— formed the opinion that there could not be stricture at the right internal ring, but that it must be at the left, if it existed at all. As there was slight tenderness on the left side from pressure over the inguinal canal, and none on the right (there was, however, a sensation of numbness felt by the patient from pressure on the right side), this opinion appeared plausible. It was, therefore, decided that the operation should be done on the left side, if at all. But as it was now late, and the patient very restless, and much exhausted, it was proposed to put him under the influence of opium, grs. 3 to 4, and to operate in the morning, should his situation be such as to warrant it.

When we entered his room in the morning, we found him evidently in a dying state. All thoughts of an operation were now, of course, abandoned, and we left him to his fate. He died about 8 o'clock, A. M. Previous to my leaving, I made arrangements with the brother for an examination of the body, provided he could get the consent of the rest of the family. If an examination could be had, he was to notify me early the next morning, so that I might meet Dr. Prescott there at 10, A. M. But in consequence of a heavy rain the next day, he did not let me know until 12½ o'clock, and arrangements had been made for the interment at 3. The distance was ten miles. But so anxious was I to make the autopsy, I started immediately notwithstanding the lateness of the hour. When I got there, I found Dr. P. waiting. He thought we should not have time. But I was determined to know if

strangulation existed in the case, and I told him I thought that by working with despatch, we should have plenty of time. Accordingly we proceeded to make the examination.

The body was but little emaciated, and the abdomen was very much distended. The hernial tumor, noticed before death, was now much larger and firmer than it was then, leaving no doubt in my mind, before opening the abdomen, that stricture existed at the internal ring of that side. I made a crucial incision, cutting as low upon the pubis as I could, in order to have a fair chance to get at the internal inguinal rings. As I cut through the peritoneum a small quantity of bloody serum, the result of effusion from inflammation of that membrane, gushed out. The small intestines were much distended with gas, and their peritoneal coat much inflamed. On examining the left internal ring, there was found a portion of the small intestine, doubled into the canal, and extending down to the external ring, but not protruding from it. This I drew out easily, there appearing to be no stricture to prevent, and the intestine being of its natural color. On the right side I found that the hernial tumor consisted of a portion of intestine, distended with gas. There was stricture made by the mouth of the hernial sac. This stricture was not very firm, but sufficiently so to prevent the portion of intestine from being drawn out, without risk of rupturing it, until by pressure the gas contained in that portion of it below the stricture, was made to pass above it, when I drew it out without much difficulty. The portion of intestine contained in the hernial sac was somewhat inflamed, but there were no appearances of gangrene. All mystery in relation to the nature of the case was now solved. The reason why the hernial tumor, during the life of the patient, was not firmer and more elastic, was owing to the stricture not being very firm and close; and also the want of tenderness on pressure is accounted for in the same way. The right internal inguinal ring was so large as easily to admit one of my thumbs, and the canal was also very large. Whether, when pressure was made upon the tumor, the hernial sac, with its contents, passed into the abdomen, or whether, from the large size of the inguinal canal, and the intestine not being much distended, it was simply pushed within the external ring, I am unable to say. Either will account for the ease with which the tumor was got rid of by pressure.

Had this case been rightly discriminated when a physician was called on Thursday, and the proper treatment adopted, and carried out for a reasonable length of time, and an operation resorted to when that failed of affording relief, there can be but little doubt that the patient might have been saved. As it was, he would have lived longer without treatment, than with such as he had, that serving rather to hasten the fatal termination than to prevent it. In such a case, correct diagnosis and prompt action are of the utmost importance; and an operation should not be too long delayed, as by so doing the life of the patient is too often thrown away.

A. F. Stanley.

Winthrop, Me., June 29, 1849.

THE MEDICINAL QUALITIES OF THE SCROPHULARIA MARILANDICA.

BY FRANKLIN B. HOUGH, A.M., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE genus *Scrophularia*, which has been selected as the type of an extensive and interesting natural family of plants, has hitherto been considered as possessing but unimportant medical properties. The natural order to which it belongs is well known to embrace many species which possess active and efficient properties, and form some of the most reliable articles in the materia medica. We will here briefly enumerate the principal ones:—

Gratiola—a drastic cathartic and emetic.

Digitalis—a narcotic, sedative and diuretic.

Leptandra—recent root, a violent cathartic.

Antirrhinum—a diuretic and cathartic; sometimes used as an emollient application.

Verbascum—a demulcent, emollient and anodyne.

Scrophularia nodosa—an European plant, a reputed anodyne and diuretic.

Torrenia Asiatica—used in India as a cure for gonorrhœa.

Scopavia dulcis—employed by the Spanish Indians, in infusion, as a cure for agues.

Other genera possess no medical properties—as the *Mimulus guttata*, the leaves of which are used as salad.

The order *Scrophulariaceæ*, as now constituted, embraces in three subdivisions 19 genera and 104 species of native North American plants. The genus *Scrophularia* embraces 3 species. The most common, and by far the most important of these, is the S. Marilandica, which is believed to possess most valuable medical properties, and which the writer believes cannot fail to bring it into extensive use among the profession, whenever its properties shall become generally known and appreciated.

This plant grows abundantly throughout the northern and eastern States, preferring a loose rich soil, blossoming in July and August, and readily recognized by its slender naked spike of green and purplish globose inconspicuous flowers. The only use to which it has hitherto been applied, so far as can be learned from systematic treatises, is that of an emollient and anodyne application to bruises and painful tumors. Its name would seem to indicate that some species of this genus once possessed a reputation for the cure of scrofula; but whatever circumstance may have given origin to its name, it may be safely doubted whether the plant in question could be considered efficacious in this disease.

My attention was first directed to the medicinal properties of this plant, about five years since, by finding it extensively used in northern New York, under the name of "woman's friend," as a popular remedy among pregnant women, as an anodyne to allay the symptoms of restlessness, anxiety and vigilance on the part of the mother, and quiet the motions of the fœtus—symptoms that often harass and render miserable the parturient female, while they are of such a nature as to seldom require an application to a physician for advice.

There is nothing more familiar than the fact, that the period of gestation is characterized by disturbances in the economy, unknown in health, and which re-appear at each successive pregnancy, in nearly the same order as at first. To those that pertain to the last half of this period, our attention is more particularly directed. From the period when the uterus ascends above the brim of the pelvis, and the increased size of the fœtus becomes apparent from the distension of the abdominal parietes, there supervene various disturbances in the system, from the unaccustomed burden and distension of the uterus, and occasioning various unpleasant symptoms; among which *inquietude*, *inability to sleep*, and very sensible and unpleasant sensations from the motions of the fœtus, are the more important. These motions of the fœtus are commonly divided into *active* and *passive*. The active motions are first experienced about the end of the fourth month, when they consist of an obscure vibratory sensation, which may be excited by the application of cold, or any stimulating cause. These gradually increase, till, at the end of the seventh month, they at times become painful, and the motions are visible externally. During the eighth and ninth months, the fœtus becomes fixed in the uterus, and the active motions, although energetic, are more limited. The passive motions are only developed by the examination of the accoucheur, and as they give rise to no ordinary uneasiness on the part of the mother, they will not here be considered. At times a false sensation may be experienced, from motions in the abdominal viscera; but the cases may be considered rare in which no unpleasant sensations are experienced during pregnancy from the causes above specified.

Since my attention has been directed to this subject, I have been able to observe about forty cases in which the plant under consideration has been advised, and in nearly every instance with decided benefit. In three instances, no marked effect could be observed. In one instance an over-dose was taken, and the motions of the fœtus ceased so suddenly, that the woman became alarmed lest she had destroyed it. No unfavorable result, however, ensued, and at her full time she was delivered of a healthy child. In the remaining cases there was a decided effect produced. Soon after taking the medicine the motions would cease, and if taken at bed-time the patient would fall into a sound and refreshing sleep. From what has been observed of it I have arrived at the conclusion that this plant possesses gentle narcotic properties, and that it operates as a sedative to the nervous system of the fœtus, through the medium of the maternal circulation.

No satisfactory experiments have been instituted to ascertain the precise principle in the plant, to which we are indebted for its medical virtues. It yields an extract to water, alcohol and ether. The ethereal extract preserves, in an eminent degree, the taste and sensible properties of the fresh root. From some imperfect examination, I was led to suspect the presence of an alkaloid peculiar to this plant.

The form which I have found most eligible for the administration is an aqueous infusion, prepared from the fresh root. About one ounce of the root may be steeped in a pint of water, and from two to four

ounces may be taken on retiring to rest, or during the day, whenever the symptoms become unpleasant. Like many other medical plants of temperate latitudes, the properties are in a measure lost by drying. The form of alcoholic tincture would doubtless prove the best to preserve its properties from loss, and insure uniformity of action.

From what has been observed of the action of this medicine, it is confidently recommended to the medical public, with the belief that it furnishes a remedy for the cases specified, which admit of palliation with safety and certainty by no other.

Somerville, St. Lawrence Co., N. Y., June 27, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 11, 1849.

Cholera in New York.—Dr. Page, whose elaborate and comprehensive work on epidemic cholera, we understand, will be published by the Harpers, has just returned from New York, where he has been expressly to investigate the nature of the disease as it exists in that city. He saw nothing especially alarming in its character, and thinks it by no means generally epidemic. It appears in a milder and more manageable form than that of the South and West, and under appropriate treatment need not be half as fatal. He has promised us a letter upon the subject, which shall appear in our next number.

New Hampshire Asylum for the Insane.—With the experience they have had, the purse of the State to draw upon, and the prayers and good wishes of all benevolent people, there is no reason to fear that the institution at Concord will fall short of the expectations of the friends of humanity. Especially will this be the case while men of intelligence are the pillars upon which the medical superintendent is permitted to lean for support. Where men of little capacities, ninepenny economists, and ignorance clothed with authority, become the counsellors for the management of lunatics, there will be more madness outside than within the walls. One half the physicians of these excellent establishments are at times harassed, as well as enfeebled and thwarted, through the perverse meddling of ignoramuses, whom the legislature selects for a very different purpose.

At Concord, we imagine that Dr. McFarland is surrounded by gentlemen of enlarged views and generous sentiments; and further, that he accomplishes all that can be expected of him. When his report went to press, there were 118 patients in the asylum. Just one year ago, there were 109; 81 were admitted during that period; whole number through the year, 190; discharged 76—of whom 36 recovered, 15 partially, 11 remained stationary, and 14 died.

More room is wanted in the buildings. The same cry that reaches the State House in Boston, from the Worcester institution, will soon be repeated in the ears of the legislators of New Hampshire. The neatness of this report, in its typographical finish, is highly creditable to the firm of Messrs. Butterfield & Hill.

Ohio Medical Convention.—According to the report, a pamphlet of 48 pages, there was an instructive meeting at Columbus, on the 5th of June. Instead of frittering away the hours to ascertain who could talk the most, papers were read, of practical utility, and the transactions, as presented in the proceedings, may be looked back upon with feelings of justifiable pride. A case of removal of the lower portion of the femer—the patient recovering the use of the limb, by Dr. E. Carney; perforation of the rectum and removal of the scrotal sac; resection of the left superior maxillary bone, by Dr. R. Thompson; chloroform, gutta percha and collodion; morbid consequences of lactation, by Dr. G. W. Marks; use of letheon and chloroform, in obstetrics, by Dr. G. W. Bræstler; and prevention of severe invasions of scarlet fever, by Dr. Thomas Carroll, are good specimens of the resources of the medical gentlemen of Ohio. Now that the fact is placed beyond contradiction, that they can do much for the medical literature of our common country, if they are negligent hereafter in providing manuscripts for the journals of their own state, leaving our own out of the question, they must expect a reprimand for their neglect.

University of Louisville, Ky.—The medical institution at Louisville is fast increasing in power and influence. If the school continues to prosper (and what is to limit its success), its benefits will more and more be felt over the western world. It was a fortunate thought which brought the new professor of chemistry to the notice of the trustees, and, better still, to become one of the faculty. Chemistry has been sadly neglected in our medical institutions, and we strongly desire to speak in praise of those in which that essential science is taught by a competent, talented and brilliant teacher. Professor Silliman, Jr., will doubtless make his department exceedingly popular. If he does not, then the failure must be imputed to something besides the best of qualifications. Dr. Gross is admirable in the chair of Surgery—a man whose cheerful deportment and kindness of manner would draw students were he to lecture under an oak tree in the territory of Nebraska.—At the last graduation day, 81 gentlemen were admitted to the doctorate.

Dr. Foster's Address.—A society of the alumni of the Baltimore Dental College have celebrated in a spirited manner the first anniversary. J. H. Foster, M.D., gave an address, redolent with enthusiasm and poetical effusions. We like energy in everything and everywhere, and abominate a heavy, prosy discourse, even were it from the mouth of a paid orator. Dr. Foster ingeniously contrives to keep the reader interested, so that he is anxiously awaiting what will come next—a perfect Arabian Night policy, which, by the way, is an admirable device. If *we* can find pleasure and profit, at 10 o'clock on a rainy evening, with a poor lamp, too, over Dr. Foster's address, what must have been its effect on an audience, all arranged for the purpose, with a public dinner, perhaps, in prospect!

Hippopotamus of Western Africa.—There is not much affinity between the river horse and medicine; but in casting an eye over a series of plates, accompanied by interesting observations on a new living species, by that pattern of scientific industry, Dr. Morton, of Philadelphia, we feel bound

to hold him up as a model worker, to the members of the medical profession. By constantly saving one's thoughts, and simply giving them an orderly arrangement on paper, the intellect is strengthened, and the results of that kind of economy will operate with power upon a succession of minds, through a succession of ages. Physicians are exceedingly apt to excuse themselves for not having written the results of their experience —the things they have seen in practice—their successes, aye, and their blunders, too; and by-and-by the curtain drops, and however useful they may have been, or distinguished, they are soon forgotten, and their wisdom lies buried with them. Dr. Morton has as many calls as other men who practise physic—but there is no half hour unnecessarily lost by him. A few weeks since, we had occasion to speak of a large volume from his pen on anatomy—so admirable, that alone, it would have handed his name down to a remote posterity. Yet it is not a tithe of his laborious literary achievements.

An Improved Bedstead for Sickness.—Mr. E. Weeman, No. 16 Merrimac street, has recently constructed a bedstead of iron, which appears to combine all the desirable requisites for the ordinary purposes of rest, and is further adapted in a superior degree to the requirements of sickness. Its peculiarities may be summed up as follows. The largest-sized bedstead can be folded compactly together and carried with ease by the nurse, and when prepared for the bedding it presents an even surface, and is extremely elastic. The close adaptation of its parts prevents its occupation by vermin. But its chief recommendations in sickness are the changes which can be wrought, with ease, for accommodating the patient by placing him in various positions, without effort on his own part. As a whole, it presents the most perfect contrivance of the kind ever offered to the public, and bespeaks for the inventor the notice of physicians and hospitals surgeons.

Electrical States of the Atmosphere.—Dr. Tracy, formerly in the missionary service in Asia, a gentleman of close observation, and who understands the value of meteorological researches, writes to us as follows :—I have been wishing for more than two years to see an extensive series of meteorological observations taken, such as the Smithsonian Institute are about undertaking, with observations upon the electrical states of the atmosphere and the earth, and records of diseases and general states of health, registered by physicians, added thereto. Can this be accomplished? It appears to me to be an object worthy of the effort. My impression is, that the directors of the Smithsonian Institute would be ready to add the observations in regard to electrical states of earth and air, if requested to do so by a respectable body of physicians, or by physicians in all parts of the country, and could be assured that the physicians would do their part in keeping the records of diseases. Should such a course be put in operation, I should hope that interesting and important principles would be discovered. What think you of it? Shall anything be done in the premises?

The Cholera.—The New Orleans Medical and Surgical Journal gives the following statement of the deaths in that city for eight weeks preceding June 16—by which it appears that cholera still prevails there to a

considerable extent. In 1832 the disease disappeared after raging five or six weeks. Since the 13th of December last, to June 16th, the total number of deaths in that city by cholera is 3543.

	Cholera.	*Total.*
Deaths for the week ending April 28, 1849,	60	177
" " " May 5, "	114	225
" " " May 12, "	127	235
" " " May 19, "	113	202
" " " May 26, "	95	193
" " " June 2, "	69	120
" " " June 9, "	82	182
" " " June 16, "	66	153
Total,	726	1487

At Buffalo, N. Y., the number of cases of cholera for two weeks ending July 2d, was 101, deaths 38.—At Cincinnati, where the disease has prevailed very extensively, the number of cholera interments the beginning of last week, was 100 or more daily.—At St. Louis, Mo., where it has also been very fatal, for the five weeks ending July 1 the aggregate interments were 2656, of which 2004 were from cholera.—In Dublin and throughout Ireland the attacks are less severe than heretofore; and the same accounts prevail from Scotland.—In Paris the deaths, which about a week or ten days previous to the last arrivals. were more than 650 daily, had declined to about 60 in private houses, and 86 in the hospitals.

Medical Miscellany.—Smallpox is again showing itself in different sections of Maine. More persons die of this disease, who are natives of that State, it is asserted, than in all the rest of New England. So much for neglecting vaccination.—Dr. Lawson, Surgeon-General, having been ill-treated, exhibited proper resentment towards an ex-senator.—Dr. John Hubbard, of Hallowell, Me., has been nominated for Governor of the State. Physicians seem to be politically ascending. —Dr. Knower, of Albany, is about to ship for California, twelve houses, complete and ready to put up.—Cases of smallpox have multiplied exceedingly in the neighborhood of New Ipswich, N. H. A pest-house has been established for the reception of patients.—The ratio of the sick out of every 1000 of emigrants landed at New York in 1848, was 30. from British vessels, 9.25 from American, and 8.35 from German. The whole number of foreigners brought to the port of New York, last year, was 189,176—a large portion of them being absolutely beggars.—The following gentlemen have been examined by the Medical Board, and duly admitted as Assistant Surgeons in the Medical Department of the U. S. Army, viz.:—Wm. H. Bollard, of La.; George K. Wood, of New York; Joseph V. Brown, of Michigan; Alex. D. Hasson, of Me; Jonathan Latherwan and Wm. A. Hammond, of Pa.; Francis S. Orrell, of Geo.; Edward W. Johns, of Md.; and Wm. W. Anderson, of South Carolina.—Dr. Joseph Palmer, of Boston, has received a good appointment in the Custom House.

To Correspondents.—Dr. Wait's cases of Poisoning with Cedar Oil, and Dr. Williams's Bibliography of Cholera, are on file for publication.

Married,—Cyrus S. Mann, M.D., of Braintree, Mass., to Miss Harriette P. Field, of Boston.—John Merrill, M.D., of Newburyport, Mass., to Miss E. D. Quimby.—Dr. M. F. Bassett, of Falmouth, Mass., to Miss J. C. Barker.—At Sag Harbor, N. Y., Henry Cook, M.D., to Miss E. A. Hunting.

Report of Deaths in Boston—for the week ending July 6th, 74.—Males, 35—females, 39.—Of consumption, 11—scarlet fever, 10—brain fever, 1—lung fever, 1—accidental, 2—old age, 2—cramp, 1—dropsy in the chest, 1—dropsy in the brain, 3—teething, 3—canker. 2—convulsions, 2—cholera, 2—marasmus, 2—diarrhœa, 1—inflammation of the bowels, 2—cholera morbus, 3—infantile, 3—dysentery, 2—epilepsy, 1—asthma, 1—inflammation of the lungs, 5—cancer, 2—diebetes, 1—peritonitis, 1—necrosis, 1—drowned, 1—typhus fever, 1—hooping cough, 1—disease of the heart, 1—child-bed, 3—rheumatic fever, 1.

Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 24—between 40 and 60 years, 7—over 60 years, 6.

Health of Montreal.—On the whole, the city still continues comparatively healthy. Diarrhœas and dysenteries are frequent, and sporadic cholera has been prevalent. Several cases of cholera, presenting all the characteristics of the Asiatic variety, have been witnessed. We have heard of some fatal cases within the last fortnight, several of which we have seen; four of these occurred in the military hospitals—all fatal. The 71st Regiment has been removed to St. Helena's Island, where, during the fatal epidemic of 1832, they enjoyed such perfect immunity. The disease cannot be viewed, however, as yet, as strictly epidemic, but we, nevertheless, think that the inhabitants should at once adopt precautionary measures in respect to diet, clothing, ventilation and cleanliness. Should it prevail epidemically, we scarcely believe it will be marked with the same malignity, or prove as general in its attacks, as in 1832-'34. Much has been done in this city as regards drainage, &c., since those years, although yet a good deal more might be effected, which, if costing money, would save life.—*British American Jour. of Med. & Phys. Science.*

Treatment of Cholera.—Chloroform inhalations were used by Richet at the Hopitaux des Cliniques, but without any satisfactory results. Applications of the same were made without success by M. Vernois, at the Hopital St. Antoine, but he has used with advantage, in some cases, a combination of chloroform and laudanum.

Dr. Fenner treated the disease, in New Orleans, upon the following plan. "A large sinapism to the abdomen, smaller ones to the extremities, friction with spirits of turpentine to the legs. The following medicines internally: R. calomel ʒss.; sulph. morphia, gr. ss. M.; of this he gave about two-thirds immediately, and soon afterwards the following mixture: R. spts. camphor, ℥jss.; spts. lavender comp., tr. opii, aa ʒj. M. Two teaspoonfuls of this were given, and repeated after every stool." Dr. Fenner restricted his patients to a very limited allowance of cold water. Where he suspected the presence of indigestible food in the stomach, he gave an emetic of salt and mustard. "As to the value of calomel in the treatment of cholera," he says, "I am decidedly of opinion that it is inestimable." He adds, "Dr. J. J. Kerr, of this city, has treated with complete success several cases in the *collapsed* condition, with large doses of colomel. He throws in from sixty to one hundred grains of this medicine every one or two hours, until vomiting and purging are checked, and dark feculent discharges are produced. He likewise advises a suppository of opium, as auxiliary to the treatment. From 500 to 1,000 grains of calomel have been administered in the collapsed stage, and the only bad effect has been a slight salivation."—*Western Journal of Medicine.*

Cod Liver Oil in Phthisis.—At a meeting of the Medical Society of London, April 9th, 1849, some statements were made with respect to cod-liver oil in consumption. Dr. Bowie, in nearly a thousand cases, has proved its efficacy in arresting consumption. Many cases had occurred in which patients suffering from small cavities in the lungs, had, under the use of that medicine, been so much relieved as to return to their employment, and to discontinue the use of medicine. It was in the early stages of the complaint that cod-liver oil exerted its most beneficial effects, but it seemed of service in all stages of the disease. In some instances, however, of cavities, he had seen it induce hæmoptysis.—*London Medical Gazette.*

THE

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FOUR CASES OF POISONING BY CEDAR OIL.—TRIAL FOR MANSLAUGHTER.

[Reported for the Boston Medical and Surgical Journal.]

Concerning cedar oil as a poison, and the mode in which it operates, the information given in the books and journals that mainly compose the library of the practising physician and surgeon, is extremely lean and unsatisfactory. If the general condition, and symptoms in detail, induced by this article, are fully given in any work, I have not the satisfaction of knowing it. And I am not the only one that confesses to the insufficiency of book knowledge upon this subject, as was evinced by the admission of medical gentlemen at the trial of an indictment for manslaughter for the death of a young woman by cedar oil, before the court of Oyer and Terminer held for the County of St. Lawrence, last week, at Canton. Hence I take leave to report four cases of poisoning by cedar oil, that have occurred in my practice since the commencement of the year 1844; and I also take leave to report so much of the trial of the indictment referred to, as may be supposed interesting to the medical profession.

It is unnecessary, for the purposes of this communication, to give the natural history of the substance sold and used in this part of the country under the name of cedar oil. It is sufficient to say that it is nearly colorless, and almost as thin as water. This substance has the popular reputation of being capable of acting specifically upon the gravid uterus, which leads to its being used and taken for the purpose of procuring abortion. How justly it is entitled to such reputation, the cases herewith reported furnish evidence for the decision.

Case I.—Mrs. S., aged 26, mother of three children, and in good health previously, on the 23d of November, 1844, about 7 o'clock, P. M., was found by her husband on the floor, and, as he supposed, dying. Mr. S. had been absent about twenty minutes. I was immediately sent for, and in twenty-five minutes was at her side. She had been placed upon a bed, "had had two fits since she was found, was now in the third, had vomited between the second and third, and did not come to herself between the fits." The matter vomited emitted the odor of cedar oil. Her whole body—neck, trunk and extremities—was perfectly stiff, all the voluntary muscles being in that state of violent contraction called

by Cullen "*spastic rigidity*," and by some others "*tonic spasm*," and the whole body at the same time *jerking*. Her eyes were glaring and still; jaws set; hands clenched; breathing struggling, choking and strangling; countenance bloated and livid, and her pulse as low as 60 per minute, very wide and soft. Soon her breathing became more free, uniform and active, and at each expiration puffed out blubbers from her mouth, and at each inspiration hauled them in. Coincident with the improvement in her breathing, the jerking abated, and the spasm of the muscles gave way, till her arms fell limpsy by her side. The whole system then became relaxed, and the breathing quite easy and quiet, yet the eye remained glaring and fixed, the pulse slow, wide and soft, and the stupor so profound that no sign of consciousness could be elicited. Regarding the case as one of poisoning by cedar oil, I had had twenty grains of white vitriol dissolved in half a teacupful of warm water, ready to be given her as soon as her mouth could be opened, in order to remove by prompt vomiting what might yet remain of the poison in her stomach. I now put one spoon-bowl in her mouth to keep it open, and with another spoon put the solution of white vitriol by spoonfuls into her mouth. She swallowed part of it, and she spilled part, by instinctive motions and efforts. When about one half had been given in this way its administration was suspended by the occurrence of another paroxysm. The paroxysm began by a jerking of the eyes, followed by jerking of the head, contraction of the muscles of one side of the face and neck, then those of the other side, those of the back of the neck, those of the arms, trunk and lower limbs, in rapid succession. When the muscles of the arms and of the body generally contracted, the arms were reached out imploringly, which with the accompanying groan, if groan *that noise* could be called, anxious and strained eye, and distorted countenance, was the natural language to the by-standers of the extremest terror and amazement, although the patient was entirely unconscious. (I believe this symptom to be pathognomonic of convulsions occasioned by cedar oil and its kindred poisons, for I have never read of it in convulsions from any other cause.) Then followed violent jerking of the whole body, the breathing being nearly suppressed. After a little time, the jerking gradually abated, and the breathing became more free, and the symptoms given of the latter part of the paroxysm she was in when I arrived, succeeded, and in the same order. After the paroxysm was over, I gave her the remainder of the solution of white vitriol, with the addition of some ipecac. She immediately vomited. The odor of cedar oil was emitted from the matters ejected from the stomach. I now put down warm water and ipecac., and she vomited again. She then had another paroxysm. This over, more warm water was given, and she vomited again. Her pulse were now about 55 in a minute, intermitting, wide and soft. (I also believe this slow, wide and soft pulse to be pathognomonic of these cases. In convulsions from other causes I have never seen nor heard of it.) The head and shoulders were put in an elevated position, the head kept cool, the extremities warm, and friction applied to the skin generally. The paroxysms from this time occurred with lest frequency, and were apparently abating

in severity. At the end of an hour and a half from the time at which she was found, the convulsions ceased altogether, leaving her in a state of profound coma, breathing heavily, but regularly, with a pulse beating about 55 strokes per minute. At the end of an hour, the pulse began to rise in frequency, became more regular, narrow, normal and firm. At the end of three hours from the time she was found, the pulse were about natural as to frequency and regularity, and her breathing like that of a healthy person in a very deep sleep. At the end of about four hours she could be aroused a very little, but would immediately doze away again. At the end of six hours she was awakened, but was delirious. Pulse now over 100. Re-action was clearly established. I left her at 2, A. M., and visited her again at 9. I now found her feverish and dizzy, and complaining of soreness all over, and a burning distress at her stomach. I ordered thin mucilage as drink and food, and enemata to move the bowels. She recovered, under the treatment that can well be imagined, and therefore need not be described.—She said she took the cedar oil to clear herself of being in the family way, and that she took a large teaspoonful. She was three months advanced. Her object was not accomplished.

Case II.—Mrs. A. E. B., widow, aged 32, staying temporarily with the family of G. W. W., in this village, healthy and mother of several children, about 8 o'clock, P. M., January 5, 1845, went out of the house into the wood-yard, through a small shed, and very soon was heard to make a noise as though she was hurt. It being a very dark evening, and the ground covered with ice, it was supposed she had fallen. On getting to her with a light, she was discovered to be in a fit. A messenger was immediately sent to me, requesting my attendance, and saying that she was hurt by a fall on the ice. In a few minutes I was at her bed-side. After she was taken in and put upon a bed, she vomited, and the odor of cedar oil was distinctly perceived. She had had a second fit when I arrived. She was now conscious, and moaned most piteously ; and on being requested to put her hand on the seat of suffering, she put it upon her stomach. She could not speak so as to be understood. She articulated like a person laboring under hemiplegia. She went immediately into another fit. The description given of the paroxysm of Case I. applies exactly to the paroxysm of this case. The same glaring eye, the same jerking of this organ, and of the head, the same contraction of all the voluntary muscles, the jerking of the whole body, the imploring reach of the arms, the imploring groan, the distortion of the countenance, the natural language of terror and amazement, the interruption of breathing, and the same slow, wide, soft pulse, were present, as was also the succeeding abatement of the jerking, amendment of the breathing, bloated lividity of the countenance, blubbering at the mouth, subsidence of the spasm of the muscles and limpsy condition of the whole body. Her pulse were less than sixty per minute. Consciousness again partly returned. Believing the case to be one of poisoning by cedar oil, I gave her twenty grains of white vitriol dissolved in half a teacupful of warm water. She vomited promptly and freely. From the matters vomited the odor of cedar oil was emitted in a great

degree of intensity. I now gave warm water and ipecac., and she vomited twice more freely. She now went into another fit, which, unlike the preceding, left her unconscious. The paroxysms continued to recur, and that more frequently, accompanied with a continued diminution of the frequency of the pulse. Cold was applied to the head, warmth to the extremities, and friction to the surface. As the convulsions continued, the stupor became more and more profound, and the convulsions apparently more and more feeble; the eye all this time staring intelligently and the pupil dilating. At the end of about thirty minutes after my arrival, the convulsions ceased altogether, the patient passing into an apparently apoplectic state, accompanied with stertorous breathing. Stertor continued but a few minutes. It was succeeded by breathing of a very different kind; and the chief character of this was, an unsuccessful heaving of the chest in inspiration for breath, and a limpsy dropping together of the chest in expiration. The countenance soon assumed a venous aspect; the pulse sank to 45 in a minute, and the pupil of the eye was completely dilated. The pulse next intermitted, and the soft parts about the neck were sucked down at every effort at inspiration, and the lower jaw descended. It was evident that the balance between the circulation and respiration was lost, and that the blood was accumulating in the large venous trunks behind the heart. This condition of things increased until she breathed her last, which occurred about forty-five or fifty minutes after I arrived.

A coroner's inquest was held on the body of this woman, at which I made a *post-mortem* examination, in conjunction with Dr. Hudson. The appearances were—the odor of cedar oil was given forth on opening the stomach; the stomach was almost entirely empty—its lining membrane presented a few small red patches on the upper and anterior part of its surface, and these surrounded by large patches which had lost the fine polished surface that this membrane naturally presents. Intestines nearly free from signs of disease. On opening the uterus, this organ was found to be gravid, containing a fœtus of between three and four months development. Disease of the stomach and intestines not sufficient to cause death. Death was produced by narcosis. Verdict of the inquest was, that said A. E. B. came to her death by cedar oil taken for the purpose of procuring abortion.

Case III.—Miss L. K., aged 17, subject to fits of mental derangement, but otherwise tolerably healthy, serving in the family of Dr. Spencer, in this village, on the 3d January, 1846, went out of doors about noon, and swallowed an ounce of cedar oil for the purpose of committing suicide, and went immediately into the house and informed Mrs. Spencer what she had done. Alarm to the rest of the family was given, and I was immediately sent for. In fifteen minutes from the time of her swallowing the cedar oil I was with her. She at first refused to talk, but on being threatened that she should be held and my medicine poured down, she answered me and said that she "had taken the cedar," that "she wished to die," and that she "would not take anything." I dissolved twenty grains of white vitriol in half a teacupful of warm water, and told her she must take it. She absolutely refused to do so. She further

answered me, and said that "her stomach burned" and her "head felt bad." Her face now turned very red, and her eyes began to glare and twitch. To get away from me she started to go into another room, pressing both hands upon her stomach, and staggering as she went. Mrs. Spencer took hold of her and steadied her in walking. Mr. J. Wait, present sheriff of this county, and Col. James Spencer, son of the Doctor, happening to be in front of the house, at this moment, in the street, I called them to my assistance, and we forced the white vitrol down her throat. Scarcely had we finished giving it, when convulsions came on. (The way we forced the medicine down, was this, viz., the gentlemen named held her, while I opened her mouth and placed a spoon-bowl in it; another assistant held her nose, while I put the solution by spoonfuls in her mouth. She swallowed perhaps two thirds of it.) The symptoms presented by the paroxysm in this case, were exactly like those in the preceding cases, and therefore need not be described. Unlike Case II., but like Case I., no sign of consciousness could be elicited after the first paroxysm of convulsions. As soon as the first paroxysm subsided, she vomited freely, and threw up cedar oil. I now gave her warm water, white vitrol and ipecac., which made her vomit four times more. (It is to be understood that this was accomplished piece-meal, and during the intervals of the paroxysms. As has been mentioned in detailing the proceedings in the other cases, the medicine was given only between the paroxysms.) The intervals between the paroxysms were now seen to be shorter, and the convulsions apparently to become weaker. The pulse grew slower, and the pupil dilated to one half of the width of the iris. At the end of about forty minutes from the commencement of the convulsions, they ceased altogether, leaving the patient in an apparently apoplectic state, accompanied with stertorous breathing, and a pulse numbering about 50 per minute. Stertor continued but a few minutes, when it was succeeded by an unsuccessful heaving of the chest, at every effort at inspiration for breath, and a limpsy dropping together of the chest at expiration. The countenance was assuming a venous aspect, and the pulse began to intermit. The external treatment given to the other cases was applied to this, throughout its course, as was done in those. It was now evident, as in Case II. at this stage, that venous congestions were taking place in the large venous trunks behind the heart, and that the balance between the circulation and respiration was being lost. Now, what more can be done to save the patient? was the question I proposed to myself. Death is inevitable, and that, too, in a few minutes, unless the balance between the circulation and respiration can be restored and maintained; and what can do this but diminishing the quantity of blood in the large venous trunks behind the heart? Bloodletting is indicated as shedding the last ray of hope. Omit it, and death is certain. Practise it, and escape is barely possible. Can bleeding injure the patient? It cannot, for the venous congestions have resulted from the partial paralysis of the heart, by narcotism, and not from debility and exhaustion. The case is not one of debility, but of narcotism. May not bleeding, by diminishing the quantity of blood behind the heart, prove a stimulant to this organ, by giving it less to con-

tract upon, and thereby enabling it to contract more perfectly, and keep it in action till the narcotic influence should abate and re-action come on? It is barely possible that such may be the effect. Thus reasoning, my convictions were in favor of a trial of the remedy. I bled from the arm to the amount of fourteen or sixteen ounces. Whether bleeding or nature stayed the further downward tendency of the patient, I will not presume to say from this single case; but the case grew no worse. For one hour the patient remained in nearly the same condition. The pulse slow and occasionally intermittent, the pupil dilated, and at every inspiration the soft parts in front of the neck were sucked down, and the under jaw would descend, accompanied with a mucous rattle in the throat. During this time, however, the venous aspect of the countenance cleared away. During the next hour, the pulse, which had already begun to rise, went up to 65 beats per minute, respiration became more easy, and the patient coughed and swallowed, and thus cleared the throat. At the end of this hour, it was pretty evident that narcosis was passing off, and re-action coming on. At the end of the fourth hour the patient was awakened, but was delirious, and on being let alone immediately dozed away again. Gentle stimulants, viz., wine whey and coffee, were now given. At the end of six hours the patient awoke, was more collected, and complained of dizziness, thirst, and distress at her stomach. On the next day she had a high fever, was dizzy, sore all over, and sick and distressed at her stomach. She recovered, under appropriate treatment.

Case IV.—Miss A. G., daughter of M. T. G., of this village, aged 17, in full health previously, at her father's house, between 3 and 4 o'clock, P. M., February 16, 1849, suddenly complained of pain in her stomach, turned very red in the face, and on laying herself down upon a bed, went into convulsions. A messenger was immediately despatched for me, who came into my study, and said that I was wanted to see A. G. as soon as possible, as she was thought to be dying. In six or eight minutes I was at her bed-side. She was in a fit of convulsions, and senseless. The whole system of voluntary muscles was tightened with the most rigid spasm, the whole body jerking, the eyes glaring, pupils dilated a little, pulse 60 per minute, and respiration struggling, catching and strangling. The odor of cedar oil was present in the room. It was said that this was the third fit. I called for warm water to prepare medicine in. There *was none*, and the *fire was down.* I said the case was a case of poisoning by cedar oil. As this paroxysm eased off, and the spasm of the muscles abated, I forced her mouth open, and put a finger in her throat, with a view of exciting nausea and vomiting, if possible, while waiting for the water. In this way I made her heave a little, which brought some froth into her mouth. This froth strongly emitted the odor of cedar oil. Some of this froth ran out of her mouth, and some of it was wiped out. The cloth, that was used in wiping her mouth, was strongly scented with cedar oil. Before the water was obtained, another paroxysm came on. In the interval she remained entirely unconscious, and the spasm did not entirely pass off. The paroxysm, as in the other cases, began by a jerking

of the eyes, followed by jerking of the head, contraction of the muscles of one side of the face and neck, those of the other side, those of the back of the neck, those of the arm, trunk and extremities, accompanied with the same imploring reaching of the arms, groan, if groan *that noise* can be called, glaring eye, and natural language of the most extreme terror and amazement, and this succeeded by jerking of the whole body. So heart-sickening, and indeed frightful, was the appearance of this patient during a fit, that but few of the by-standers could bear the sight. Some fainted, and others covered their faces with their handkerchiefs and turned away. By the time this paroxysm had so subsided as to admit of her mouth being pried open, I had twenty grains of white vitriol dissolved in half a teacupful of warm warm. I now pried her mouth open, and kept it so, by retaining the bowl of one spoon in it, while with another I put my solution of white vitriol by spoonfuls into it. So imperfectly did the spasm pass off between the paroxysms, that the patient was in constant motion, which not only impeded the administration of the medicine, but spilt more or less of every spoonful. Two or three men tried to hold her still, but they could not do it so as to prevent the medicine being spilt. About one third of this mass was probably swallowed, when its further administration was suspended by the occurrence of another paroxysm. When this had sufficiently subsided to allow swallowing to be performed, I again pried her mouth open, and resumed the administration of the medicine. Another third of it was probably swallowed, and the remainder spilt as before. Now another paroxysm came on, and suspended again this branch of our treatment. When this paroxysm eased off, I again pried her mouth open, and endeavored to excite vomiting by tickling the fauces with the tip of my fore-finger. The spasm of the muscles did not entirely pass off between the paroxysms, so I had constantly to keep some hard substance between her teeth, to prevent her mouth shutting. In the endeavor to excite vomiting with my finger in the fauces I spent this interval, but to no purpose, as she did not vomit. Another paroxysm now came on, and I now prepared another twenty grains of white vitriol, and a heaping teaspoonful of ipecac., in about two thirds of a teacupful of hot water. As soon as her mouth could again be opened, I gave of it to her, and probably succeeded in getting about half of it down, when swallowing became slow and difficult. Another paroxysm again suspended operations. After the subsidence of this paroxysm, the giving of the medicine was again resumed, and a little more of it probably went down, but it was soon perceived that she did not swallow, which stopped its being put into her mouth. All the outward means employed in the other cases were used in this. After she ceased swallowing, I again put my finger into the fauces, and also put the feather end of a quill into the same to excite vomiting if possible, but to no effect. The pulse were now about 45 in a minute, wide and soft. The paroxysms became feebler, and the interval between them shorter. Two or three paroxysms more, and the convulsions ceased altogether, leaving the patient in an apparently apoplectic state, accompanied with stertorous breathing, twitching of the voluntary muscles, venous countenance, and pulse between 40 and 45

in a minute. Stertor continued but a minute or two; it was followed by an unsuccessful heaving of the chest in inspiration for breath, and a limpsy falling together of the chest in expiration, accompanied with a sucking down of the soft parts in front of the neck in inspiration, and descent of the lower jaw. The pathological condition evidently now was—the balance between the circulation and respiration was being lost, and the blood was accumulating in the large venous trunks behind the heart. And the indication was to restore and preserve the balance between these important functions. Could any measure fulfil this indication? Bloodletting had appeared to do it in the case of Miss R. True, in the latter case the cedar oil had been removed from the stomach; whereas, in the present, it still remained. Shall the patient be abandoned to her fate, which must be death in a few minutes, or shall I afford her the small chance of escape, held out by bloodletting? was the question I proposed to myself. Mrs. B., Case II., died in a very few minutes after the supervention of the pathological condition now present in this case, although the cedar oil had been thrown from her stomach. My convictions favored a trial of bleeding. Accordingly I bled to the amount of from twelve to sixteen ounces. For a few minutes her breathing seemed to be eased by bleeding; soon, however, it relapsed into the same difficult and laborious movement it exhibited before the operation. The pulse beat less and less frequently, till it was down as low as 35 in a minute, yet regular, and the heart stopped apparently in the middle of a beat. The pupil was dilated to its fullest extent, and breathing was performed not more than twice a minute for the last three minutes. She breathed her last about fifty minutes after my arrival.

Post-mortem Examination.—The unhappy father of this ill-starred young lady requested a *post-mortem* examination. I acceded to his request, and made an examination sixteen hours after death, in conjunction with Dr. Williams, and in the presence of Rev. B. B. Beckwith, Judge E. Dodge, and Harvey D. Smith and Sylvanus Cone, Esqs. The stomach contained but a small quantity of nearly-colorless fluid, with some dirty-looking sediment on the interior surface of its lower and back part. This sediment was probably the ipecac. that was swallowed. Three or four small red spots, as large perhaps as a finger-nail, were visible in its upper and anterior part. A considerable portion of the interior surface besides, had lost its usual polished appearance. I poured the contents of the stomach on a rough dry board. The cedar oil could not only be smelled, but it was distinctly seen spread out in the fluid the stomach had contained, and making greasy-looking spots on the board. In quantity it looked as though it might be two tablespoonfuls, but it probably was not more than two teaspoonfuls. The duodenum showed some signs of inflammation, as though smaller doses had been previously taken and operated upon the bowels. The remainder of the bowels were healthy. The disease of the stomach and duodenum was not sufficient to occasion death, nor even severe indisposition. The narcotic powers of the cedar oil destroyed life before its irritant properties could produce serious disease. The uterus was found in a

healthy gravid state, and the fœtus had attained the development of about six or seven weeks.

Manslaughter.—A young gentleman, whose manner towards the ill-fated subject of the last case, had long been a subject of remark to her father's family and near neighbors, was suspected of having seduced her, and, in an attempt to procure abortion, had destroyed her life. He was accordingly arrested, indicted for manslaughter in the fourth degree, and last week had his trial.

On the part of the prosecution, it appeared in proof that A. G. came to her death by cedar oil; that cedar oil is popularly reputed as capable of procuring abortion; that deceased was pregnant about six or seven weeks; that the cedar oil was taken for the purpose of procuring abortion; that cedar oil is an irritant narcotic, when taken in a large dose; that two teaspoonfuls would invariably occasion death, unless it was soon removed from the stomach; that the stomach and intestines were not sufficiently diseased to occasion death, or indeed more than slight indisposition; that the narcotic operation of the cedar oil superseded its irritant, and that as a narcotic it occasioned convulsions, coma and death. It also appeared in proof, that an emetic of white vitriol, twenty grains, and repeated with ipecac., was partly administered, as described in the report of this case, and that the patient was bled a few minutes before she died. It further appeared in proof, that the accused was identified with the seduction and pregnancy of the deceased, with the using of means to procure abortion a few days before the cedar oil was taken, with the purchase of the cedar oil, and with his furnishing it to her, knowing that she intended to take it for the purpose of procuring abortion.

On the part of the defence, among others a plea was put in, that the treatment administered to the patient, and not the cedar oil, caused her death. Under this plea, it was attempted to be proved that cedar oil was an irritant, and not a narcotic poison; that blue vitriol had been given rather than white, and that blue vitriol was also an irritant poison, and that the bleeding would prevent vomiting and promote the absorption of the blue vitriol, and facilitate its operation as a poison. Strange as it may appear, medical testimony was obtained that seemed to favor these views and that position. *Seemed*, I say, for it was not frank, unhesitating statements that tended to this effect, it was the eager manner intended to be taken for such statements. In other words, the thing was not said, but meant to be understood as being said. The administration of blue vitriol instead of white was thus shown, viz.:—One that was present at A.'s death, said that the medicine Dr. Wait gave looked dark. A second one said it looked dark; he had seen blue vitriol, and should think it was blue vitriol. And a third said he heard Dr. Wait say blue vitriol. The district attorney drew out of these witnesses the symptoms, progress, and speedy termination of the case, and they gave the events of the case as to the degree of violence of the symptoms and the order in which they occurred, with a good degree of unintentional fairness. I will here say, that if blue vitriol had been given, in this case, in the manner in which the medicine was described as being

given, it would have been good practice, although I never gave blue vitriol in any case in my life. If the defence were sincere in their presumption of the administration of blue vitriol, it is very remarkable that they did not use the best means at their command to prove it. Why did they not show by Dr. Williams, who had been on the stand, by Judge Dodge on the bench, and by H. D. Smith, Esq., also in court, whether the contents of the stomach and the interior surface of this organ were tinted with a neat, clear, uniform blue color, such as blue vitriol only colors? I have already stated that these gentlemen saw the stomach examined. Their testimony would have been decisive. Why did they not show by the family and others that were about the deceased at the time of her sickness and death, that her clothes about her neck, and the bed-linen, were stained blue by the medicine spilled? Having adduced testimony that *seemed* to favor their plea, it was deemed necessary, in order to give this testimony weight and character, to have it corroborated by the testimony of some strong man. Dr. Darius Clark, of Canton, was now called to the stand. Dr. Clark said—"*Cedar oil would produce just such a case as had been described by the three witnesses last on the stand.*" *He* "*had had experience with cedar oil as poison.*" "*That if blue vitriol was given, the quantity given between the fits, as described, would be about the usual dose of that medicine as an emetic, and that if the first dose did not operate, it must be repeated, and perhaps again and again.*" He said his "*opinion was that the patient began to die before bleeding was performed,*" and that she "*died in consequence of the cedar oil.*"

Several medical gentlemen present, were not called to the stand; and one, who had been just before Dr. Clark, and who testified that cedar oil was not mentioned in the books, and that it was an irritant poison in contra-distinction from a narcotic poison, concluded pretty suddenly (on hearing Dr. Clark) that his presence was unavailing, and that it was useless for "light to shine into darkness if the darkness comprehended it not," and probably that his business at home demanded his immediate return. This plea was abandoned by the defence, and was not mentioned in summing up the cause.

The jury, after ten minutes' retirement, returned into court with a verdict of *guilty of manslaughter in the fourth degree*, and the court sentenced the accused to one year's close confinement in the county jail and to a fine of five hundred dollars, and to stand committed until said fine is paid.

Several medical gentlemen present, in private conversation, admitted that cedar oil, as a poison, was insufficiently treated of in the books, although it was referred to in connection, and apparently classed with, oil of savin.

SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., June 30, 1849.

CHOLERA IN NEW YORK—SPOTTED FEVER.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Our late visit to New York has not been forgotten. After we parted, I continued my daily visits to the cholera hospitals, where I found the number of cases varied in the twenty-four hours from ten to twenty in each ward. The deaths averaged from five to ten in each hospital daily, and from thirty to sixty in private practice. I saw no especial cause for alarm, however, and I may safely pronounce the Asiatic cholera not to be generally epidemic in the city. If it is epidemic at all, it is confined to a small district, and that in the filthiest and most obnoxious quarter. I do not believe a single case has occurred in one of the respectable hotels, or among the "upper ten," during the season; and I neither heard of, nor saw a case, that could not be traced to previous exposure, or imprudence in diet, or that was not attended with diarrhœa of some hours, or even days standing.

The disease, whatever may be the predisposing cause, is evidently excited by poverty and intemperance, by the imprudent use of unripe fruits, vegetables, ice creams, &c., and aggravated by the pernicious custom of watering, or rather inundating the streets daily, that keeps them sloppy and muddy, and occasions a damp and unwholesome cholera effluvia, which might be altogether avoided, if the filth and rubbish were only removed daily, and the streets swept clean and dry every morning. Dry dust, in this instance, is far preferable to mud and damp insalubrious vapor. Moreover, the disease is increased by the thousand "cholera specifics," which are daily manufactured by apothecaries and apothecaries' boys, and botanic physicians, and hourly sent forth to poison the community, and add celerity and intensity to a disease, already the most fearfully rapid and fatal of any hitherto known. It is not improbable the disease may extend with the hot weather of July and August, but those who are prudent and temperate in all things have little to fear.

The disease has not assumed in New York that epidemic intensity that is so common on the plantations of the south, or among the impoverished emigrants of the West. I saw no *foudroyant* cholera, such as I have been familiar with in times past, where the subjects fall without premonition, and die in two or three hours, unless it be one who had fallen and lie in collapse on the sidewalk, longing to see a health officer, but "who died without the sight," and another who was drawn in an open handcart through the streets, in the blazing sun, by a couple of porters, disputing with a policeman for the prize, and who absolutely refused to take him to the hospital till they were fully paid. The scene strongly reminded me of the one in Byron, where the dogs hold carnival over a defunct body.

Notwithstanding the disease ordinarily manifests the usual forms and stages, I saw no potential cures by infinitesimal doses, no miraculous washings in the Sitz bath, and no resurrections from the precious anointing with mercurial unguents, so enthusiastically heralded by the hospital physicians in the former epidemic, when they triumphantly announced they had "nothing more to expect in the way of therapeutics;" "we con-

template the result even with admiration, so great is the victory, and so obvious the triumph of art."

I imagine the physicians are very indifferent about it at present, or prodigiously frightened at the malady, for in all my visits to the hospitals I never met with a single city practitioner or student investigating the disease, or watching the progress of a single case. The regular attending physician made his usual rounds once or twice daily, I was told, and left the management of the patients wholly to the pupils and nurses who had charge of the wards.

Patients were brought in at all stages of the disease, though chiefly in the cold stage, which were recorded collapse, or partial collapse, as the case may be, and medicine ordered accordingly. And here I must say I was not a little surprised at the simplicity, nay, the inefficiency of the treatment. The fact seemed to be taken for granted, as confidently expressed by one of their late penny pamphlet writers, "that when the disease has fairly set in, one method of treatment is about as good as another, and none of them of much value, except so far as they tend to keep up hope and confidence in the patient." It appeared to be chiefly *expectante* or temporizing, on the principle, I suppose, that it is better to do nothing than to do harm. It ranged between calomel and opium, camphor and valerian, while ice was chiefly relied upon as a placebo in the cyanose or collapsed stage. External applications, sinapisms, frictions, and other adjuvants so essential in the cold stage, were wholly neglected, as far as I could discover, while I noticed several cases recently entered in the forming stage, without persistent vomiting or purging, or cramps, with coldness of the surface or extremities merely, and *with a pulse of good volume*, that were suffered to pass on to collapse, under the experimental treatment, and die in two or three hours. Without intending to be captious or witty, it really reminded me of two very successful *traiteurs* I encountered during the past epidemic in the South. One of them, a colored physician, had his pack of cards regularly numbered and lettered with every article of medicine and diet necessary and useful in the treatment of the disease. When called to a patient, he very gravely shuffles his cards, and pulls out one after another, and as they turn up good or bad, he prescribes accordingly. Carefully drawing them out, he says, calomel, *bad*—camphor, *good*—bleeding, *bad*—leeches, *bad*—soup, *good*—salts, *bad*—bathing, *good*—brandy, *good*—ice, *good*, and so on to the end of the chapter. The other was a practitioner of some notoriety, and was called the *Teetotum* doctor. He had a die regularly marked on each side, thus—B., for bleeding; P., purging; V., vomit; G., glyster, &c., and with a whirl of the teetotum he decided upon the kind of medicine to be given, and the general treatment to be pursued. The moral effect of this system is evidently very great, but whether or not its success in cholera equals that of Homœopathy, Hydropathy, &c., I am unable at present to decide. Should the number of deaths increase in the Hospitals of New York, in spite of all other modes, one or both of the above systems might be tried with some probable hope of success. At all events, I would suggest to the students who have charge of the several wards, if they would comprehend fully the nature and treatment of this

terrible malady, first to study carefully some of the best monographs on the disease—and I know of few better than that of Dr. Paine, of New York—and then to watch attentively each case, prescribing for symptoms and not the name of the disorder, and to proceed upon the old maxim of Horace, *nil desperandum*, &c., until the patient is fairly dead. Recollect that something must be done in confirmed cholera continually, as the patient, left to himself for two or three hours, will inevitably perish. Again, common *cholera morbus* must be carefully distinguished from the epidemic, and *ship fever* from both, or the records of mortality may be fearfully increased.

In justice to the city authorities, I must say, that the Cholera Hospitals, or the several buildings appropriated for this purpose, are commodious and well ventilated, and as well appointed for the occasion, perhaps, as could be expected, though I confess I see no especial need of having piles of "coffins ready made" to clog the entrance of the Hospitals, nor why blacks and whites, males and females, should be huddled indiscriminately together in the same wards.

Among all the *brochures* that have been written upon cholera, its prevention and cure, I must mention that of Dr. Hawthorne, of the Belfast Hospital, as among the most excellent, and to all who have anything to do with the disease, either in Hospitals or out of them, I would recommend it as worthy of especial perusal. And here I cannot refrain, before closing this hasty letter, to compare the symptoms and treatment of cholera published by Dr. H., with those of Drs. Miner, Tully, North, my late father and others, as portrayed and practised by them in the *spotted fever* of New England, New York, and Canada, and the Army of the United States, at various situations, where its destroying power has scarcely been exceeded by military slaughter—a plague which raged for years, and produced as much consternation as any that ever prevailed in a community, but which yielded readily to the power of medical science and skill, and like cholera, at first exercising the power of a giant, soon became, under the magical control of apposite and Herculean remedies, as gentle as a sucking dove.

But let us contrast the two, for it is a medical fact of great interest and importance, and one which may influence the practice of others now vacillating between opposite opinions, and it may be experimental and fatal modes.

1. Spotted fever, or typhus syncopalis, is a nervous fever, without reaction, of some days' duration; while cholera asphyxia is a congestive nervous fever, of a single paroxysm, proving fatal, usually, if not arrested, in twenty-four hours.

2. The exciting causes in both epidemics are precisely the same. Errors of diet, intemperance, exposure to cold, damp air, fatigue, anxiety of mind, &c. All these conspire to induce a morbid state of the system favorable to the reception of the disease, and tend more immediately, perhaps, than any *other* cause, to multiply the instances of mortality.

3. The invasion of the disease is often the same in both, somewhat modified by locality and circumstances. The patient is seized in the midst of his usual labors, and oftentimes is struck down suddenly, almost as by a stroke of lightning.

4. The general group of symptoms is the same. Loss of sensibility, vertigo, faintness, distress about the præcordia, or a death-like sinking sensation at the epigastrium utterly indescribable, severe pain in the stomach, nausea, vomiting, colic, *cholera morbus*, &c., becoming incessant, embarrassing and obstinate. Universal, deadly coldness ; pulse often imperceptible, unequal and intermitting ; respiration oppressed, and coma, especially at the close of the disease ; strangury and suppression of urine ; the countenance is sunken ; the solids flaccid, and a violet, livid discoloration of the whole surface. In many fatal cases the disease terminates in a deadly coma. Bile is seldom evacuated.

5. Experience has sanctioned the same treatment, though in both these destructive epidemics, it is obvious it must be varied with the vacillating symptoms which are present. " Instances have most undoubtedly occurred in practice, in which bloodletting to considerable extent has been the means of turning death into life, and despair into confidence ; whilst, on the other hand, there have been some who, while their condition was not apparently very dissimilar, became the victims of the same operation."

The treatment required in both diseases, is stimulating, cordial, diaphoretic and tonic, or restorative, with an avoidance of everything that tends to *waste the vital powers*. Evacuations only render the mild cases severe, and the severe ones fatal. Opium is the sheet anchor in both ; and all those patients whose symptoms are promptly met by it invariably recover.

For cholera, Dr. Hawthorne gives ten or twelve grains of opium, and half a drachm of camphor, &c., at a dose, and repeats often, with never-failing success. It is by perspiration the disease is cured. Not the slightest narcotic effect is produced by this large dose of medicine. In the most malignant cases, he says he is infallibly successful, and arrogates to himself an exclusive mode of practice, which our own countrymen used with signal success, in a similar destructive epidemic, long before Asiatic cholera was ever heard of on either side the Atlantic. Place the patient in bed, says he, give him on the instant ten of the above antispasmodic pills, and two ounces of the antispasmodic mixture of ether, aromatic spirits of ammonia, camphor spirits and laudanum, and wash the whole down with a glass of undiluted brandy or whiskey, flavored strongly with cloves, essence of ginger or some warm aromatic spice. Cover with an additional blanket, and communicate heat by jars or bottles of hot water, bags of hot salt or sand, hot bricks applied to the feet and body so as to restore the temperature and produce perspiration as soon as possible. Give an additional glass of strong, hot punch, &c. &c. In this manner, he writes—I have cured from two to three thousand cases, without a single grain of calomel.

Now the beauty and excellence of all this is, that it is copied, almost *verbatim et literatim*, from my late father's tract upon *spotted fever*, and that of Dr. Miner, which the curious reader will find condensed in Thacher's Modern Practice—and where the whole of Dr. Hawthorne's system is anticipated and recorded, and much more even than he has suggested, applicable to the treatment of epidemic cholera in all its forms —and which my father, with a medical intuitiveness peculiar to him,

predicted to me, in a letter as early as 1832, would be the safest and surest mode of managing the disease, should it appear on our shores; a prediction more than fulfilled by the success of the practice both in Europe and this country. Let me illustrate and confirm this by an extract from my father's treatise. "The principal indication of cure," says he, "is to increase the excitement, and support the sinking powers of life. This may be effected by stimulants, especially of the cordial and diaphoretic class, and tonics. The stimulants should be *external* and *internal*. The former may be obtained by putting the feet into warm water, placing the patient in bed between blankets, and applying to different parts of the body billets of wood boiled in water, hot bricks, or brands of fire quenched in vinegar or water, and bladders of hot water, or flannels wrung out of the same. In severe cases, frictions of the whole body with sweet oil were sometimes used. Blisters and rubefacients to the head, body and limbs, were often important; as, also, sinapisms to the feet. Internally, were given hot teas of pennyroyal, mint, sage, &c., either alone, or combined with brandy or other spirit; and the warm essential oils, as lavender, rosemary, cinnamon, and spirits of turpentine, as circumstances required; also hot punch, wine whey, &c. A powder of camphor, ipecac. and opium, with sometimes half a grain or a grain of calomel, was given every two, four, six or eight hours; its frequency depending on the necessity of exciting perspiration. Warmth and perspiration should be procured and sustained by cordial drinks, and strong broth highly seasoned. Some were known to die while under the operation of a dose of calomel and jalap, in places where the disease made its first appearance. The lancet was found to be equally unsuccessful. In cases of delirium, camphor and opium, with wine and brandy, were freely given, and cold applications used for the head. In coma, injections of yeast, brandy and laudanum, were given with the best effect. In one case of coma, *two ounces of laudanum*, together with wine and brandy *ad libitum*, were given in twenty-four hours, with perfect success. In another, a delicate female took about the same amount of laudanum, wine and brandy, in the space of four hours, and speedily recovered. Ice was applied to the head in both cases."

Powders of camphor, compound powder of contrayerva, carbonate of ammonia, &c., or ipecac., camphor and opium, with an infusion of camomile, cinnamon and ginger, were given with good effect. *Camphor, ammonia and ether*, were useful during the sinking stage. A cordial composed of essence of peppermint, compound tincture of lavender, and laudanum or paregoric, was given several times a-day. This is similar to the compound I spoke of in my former remarks on cholera, and which has been found so useful in the treatment of cholerine. Rubefacients, sinapisms, stimulating frictions, &c., were used in the general treatment. More than two thousand cases under my father's care were managed according to this method, with the loss of only two and half per. cent.

I conclude with a very important suggestion by him, equally applicable to spotted fever and Asiatic cholera. "It must be remembered, in the management of this perplexing disease, that though there are certain prevailing forms, one and the same disease exists under each of them,

and that therefore *the general nature of it* should always be kept in view; the necessity of which will soon be seen in practice, as the peculiarities of the species commonly disappear after a time, leaving nothing but the simple disease to be treated by its general remedies."

Respectfully and truly yours, &c.

July 12, 1849. FRED. B. PAGE, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 18, 1849.

Unsuccessful Vaccinations.—There is apparently some atmospherical influences operating, not at all understood, that prevents a ready absorption or specific action of the vaccine virus at this season. Few persons, it is presumed, have had a larger field for observation in regard to this particular kind of practice, than ourselves; and we regret to state that since about the 15th of June to the present time, we have had frequent occasion to lament the disappointment to which the operator is subjected on account of failures of the very best of kine pock matter. How much longer this want of susceptibility to the action of the virus may continue, is an unsolved problem. Where the absorption does take place, in a variety of instances, the period of development cannot be relied upon. Ordinarily—according to a familiar law of the economy in respect to the specific local appearances—on the eighth or nine day from the introduction of the lymph, a pustule is completely developed, and all the accompanying characteristics belonging to the true vaccine vesicle, exist in perfection—the essential evidence of which is the re-production of lymph, that will propagate the same phenomena from one subject to another, indefinitely. Now, however, in repeated instances, the pustule has not begun to appear till the twelfth day—and then but faintly, and is scarcely discernible on the sixteenth. The same condition, apparently, either of the absorbent system or of the air, now exists in this latitude, that is perpetually exhibited in tropical climates. Vaccine virus can be only occasionally reproduced in certain parts of Asia and the West Indies. Even in the Southern States, there are parts of the year when it is a waste of professional labor to vaccinate, because the virus does not take, as the expression goes. Unless there is an immediate change, we shall be obliged to suspend vaccination till one takes place. Whatever may be the cause of this state of things, the difficulty is one which disposes physicians to be vexed, and their disappointments are imputed to many causes besides the true one. Communications calculated to clear up this pathological or thermometrical question, would be gratefully received from correspondents.

Nearly all the successful efforts at vaccination, with the finest class of young children, during the time specified, have been on cool days. Had it not been for this circumstance, we should have probably failed entirely, and fresh vaccine lymph would hardly have been procurable in Boston in the month of July.

The Blind Horse of Sea Street.—An affecting sight may be witnessed daily, in Sea street, nearly opposite Benson's coal yard, in this city. A

kind-hearted Irish teamster conducts his poor blind horse, when the labors of the day are over, to the stable. Without a rein, guided simply by the varying intonations of the driver's voice, the huge, giant-framed animal turns corners, curves gently towards the sidewalk, crosses the threshold, and finally reaches the appropriate stall, going zigzag round a post in one place, by the heels of other horses in another, and without accident or blunder. How delicate must be the ear of that dependent creature, and what an accurate and discriminating knowledge he has acquired of the true meaning of the words of his master. A variation of tone, in regard to force or intensity, instantly quickens his motions, or moderates his pace, as circumstances may require. There is no hesitation, no delay, because he has ascertained by experience that the Irishman is his real friend, who never deceives him. Hence, when he is urged to do one thing or another, it is instantly done, and thus he avoids being injured or making a false step. The Rev. Mr. Somebody, of New York, a few years since attempted to demonstrate, upon psychological principles, that horses have souls, but was ridiculed, of course, for his pains. What essential attributes of a soul are not discovered in this blind horse? He has memory, reflection, a clear and distinct idea of language—and, lastly, exhibits still higher attributes, confidence and love. While viewing the case, the thought involuntarily urged itself upon us—here is a puzzle for the philosophers.

Medical College Buildings.—Here in Boston, the accommodations are very superior; but there is need enough, in other places, of rebuilding, or at least repairing their old dilapidated tenements. A new lecture house is sadly needed at Berkshire. Why, the seats in the anatomical theatre are almost whittled out of sight. How is it at Castleton? Students have no kind of respect for broken benches, greasy seats, smoky rooms, and scientific dust. Veneration is no part of American character. Let trustees, therefore, look to their accommodations, and put on the paint and whitewash both seasonably and plentifully.

Revelations on Cholera.—This is a four by six inch book, by Samuel Dickson, M.D., &c., edited by W. Turner, M.D., of New York. Chrono-thermalism—its doctrines of health, disease, restoration and remedies—is a text from which flows an introduction, so unfortunately long that no one will trouble himself to read it. All the remainder has been before the public before. The author's only hope, unquestionably, has reference to a prodigious quarrel, which will of course shake the earth, jostle down the old doctors like a row of bricks poised endwise, and then the people, the poor bled-to-death, vomited-to-death, and physicked-to-death, may be cured by the chrono-thermalists. This is one side; there are several others, one of which is, that there are some admirable hints and wise suggestions in the book, together with some nonsense to fill out the pages. Finally, we have felt obliged to examine so many treatises on cholera, of late, all differing in the mode of treatment, that it is quite difficult to determine who deserves merit and who not.

St. Joseph's Hospital, Philadelphia.—Boston has had the reputation of abounding in charitable institutions, but the city of broad brims is likely to have the ascendancy. St. Joseph's Hospital, Philadelphia, is something

new, just opened on Girard Avenue; and, although in an incipient state, will soon accommodate 120 patients. Drs. Horner, Jackson, Stillé and Keating, names quite familiar to the great public, compose a part of the committee of management, and of course it will be fully developed, and may live and thrive for centuries to come. The sisters of charity are to attend upon the sick.

The subject of this new hospital induces us to allude again to the importance of one at East Boston. It is the place for a hospital, and as many as from two to three acres of ground should be secured for its use, while land can be had. Before the alms-giving, bequest-making, hospital-endowing, benevolent gentlemen and ladies, who are now burdened with wealth, are aware of it, a population of 100,000 people will be spread over that inviting section of the metropolis. A little money now would purchase much territory; but by-and-by it will require a great deal of cash to buy a small piece of land. Boston needs to be roused from a lethargy: eating great dinners and then sleeping while they digest, was never prescribed by a physician. Philadelphians have quite as much charity as others who are more boisterous about their good deeds, and yet their city thrives exceedingly, although so much goes into hospitals and infirmaries.

Baltimore Dental College.—Lectures of the tenth annual session will commence, as will be seen by reference to our advertising page, on the last Monday of Nov. A rich cabinet and library, besides various appliances nowhere else to be found, together with a faculty determined to elevate the profession of dentistry, will convince students that Baltimore is the place to become scientific in their calling.

Cause and Cure of Cholera—Sulphur Pills.—An extra sheet from the N. W. Medical Journal, at Chicago, Ill., has a long article on this subject by the editor, Wm. B. Herrick, M.D., Professor of Anatomy in the Rush Medical College, in which he says, "Cholera and influenza are so nearly allied as to justify us in assuming that both are produced by the same cause—and that this cause is ozone." Then follows his declaration of faith in Dr. Bird's infallible remedy—*sulphur*. Report positive says that these sulphur pills have been analyzed and found well drugged with morphine! This paper comes in advance of the publication day of Dr. Herrick's Journal.

To the Editor, &c. Sir,—The unexpected *result* of a small bit of surgery makes it worth reporting. The end of a thumb, with a piece of the nail, was cut *clean* off by a sharp knife. I secured the amputated portion accurately in its place with adhesive straps. Perfect union has taken place, so that the thumb is symmetrical, which could hardly have been the case had the stump been dressed differently.

Boston, July, 1849. William Ingalls, Jr. M.D.

Medical Association of the District of Columbia.—At a recent meeting of this Association, a report and resolution were adopted respecting the preliminary education of medical students. The latter, which is to be added to the Regulations of the Association, is as follows:—

"No member of this Association shall receive any one into his office as a student of medicine without a certificate from the Counsellers that he has been examined and found qualified to commence the study of medi-

cine; and it shall be the duty of the Counsellors, before granting such certificate, to satisfy themselves that the applicant is of good moral character, that he has received a good English education, including an intimate knowlege of the construction of language and a correct orthography; that he is well acquainted with the elements of natural philosophy, embracing the elementary principles of mechanics, optics, acoustics, pneumatics, and hydraulics; the elementary mathematical sciences, including algebra and geometry, and that he possesses a competent knowledge of the Latin and Greek languages.

Progress of Cholera.—The alarming extent to which the disease is now prevailing in several places at the West. shows that the worst fears which were entertained respecting its ravages in this country, have been fully realized. The authentic reports from St. Louis appear to equal, in their frightful mortality, the returns last year from the old world, which at the time were considered almost fabulous. July 12th, the interments for the last 24 hours were 186, of which 145 were from cholera; and on the 13th the cholera interments were 199. Dr. Barbour, Professor of Obstetrics in the University of Missouri, is reported as one of the victims, and other physicians are said to have fallen. In Cincinnati, on the 13th, the cholera interments for 24 hours were 112. In New York, at 2 P. M., the 14th, cholera cases, 123; deaths, 61. 15th, cases, 76; deaths, 37. It will be seen by our weekly report that 13 deaths by cholera are reported as having occurred in this city last week. Yet the total number of deaths was unusually small up to Friday noon, when that report closed. During the next 24 hours, after a few days of excessive heat, the mortality was greatly increased.

Medical Miscellany.—Mrs. Elizabeth Grindell died on the 22d of June, at Goshen, N. H., at the age of 104 years, 3 months and 9 days. Remarkable instances of longevity in that State, have frequently been recorded. Even persons born there, who have emigrated to other places, seem to have an extraordinary lease of life.—The sale of pork has been forbidden at Cincinnati, on a presumption, by the municipal authorities, that it predisposes those eating it to attacks of the cholera.—A Dr. Nicholas R. Millett, who has figured in a revolutionary aspect, at Metamoras, has been arrested—and that is probably just what he wanted, being now fed at the public expense, and no one ever being shot there for his opinions.—Dr. Fontaine, of golden bible memory, is under trial at Concord, Mass., for obtaining property by false pretences.—Dr. J. K. Smith, of Mt. Vernon, N. H., took from a tumor, it is said, near the umbilicus of a lady, 326 gall-stones.—A Louisiana planter and physician states in a letter, that the cholera has destroyed one tenth of the slaves in that State.—Four thousand people, out of a population of 60,000, died at Limerick, in one month, of the cholora.—The Dental Recorder of July 1st, gives an account of euring tooth-ache by steam, on the Ohio river. The fellow who performed, had rights to sell, and of course belonged either to Connecticut or Massachusetts.—Smallpox is prevailing at St. Vincent, Martinique.—Mrs. Leach, of Dunbarton, N. H., died June 20th, at the age of 102 years.—People are injuring themselves exceedingly by drinking soda immoderately, this warm weather. They should abstain, too, from gormandizing on ice creams late in the evening.—Among the best cholera preventives are the letting alone of medicine till it is positively necessary, and then only take it by the advice of a judicious physician.

To Correspondents.—The two interesting papers in to-day's Journal have crowded out a variety of other matters. Those which have not been before acknowledged, are—Dr. Comstock on Cholera, Dr. Jones on Intestinal Worms, and Dr. King in Reply to Dr. Jarvis.—A note from Dr. J. K. Smith, of Mt Vernon, N. H., encloses a few of the gall-stones from the tumor alluded to in our Miscellany of to-day.

Report of Deaths in Boston—for the week ending July 18th, 69.—Males, 35—females, 34.—Of consumption, 11—infantile, 5—marasmus, 5—teething, 2—cholera, 13—cholera infantum. 1—diarrhœa, 2—inflammation of the bowels, 4—dropsy in the head, 4—drowned, 2—lung fever, 1—old age, 1—typhus fever, 2—scarlet fever, 2—convulsions, 1—accidental, 1—puerperal fever, 1—wound of an artery, 1—erysipelas, 1—debility, 1—inflammation of the brain, 1—dysentery, 1—rheumatic fever, 1—drinking cold water, 1—epilepsy, 1—peritonitis, 1—strangulation, 1—cancer, 1.

Under 5 years, 26—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 14—over 60 years, 4.

The Cholera at the West.—Dr. Haskins, in writing for the Western Medical Journal an account of the cholera as it appeared recently in Clarksville, Tenn., refers as follows to some important points in the spread of the epidemic.

"In the invasion and spread of the cholera over our town, numbering about three thousand inhabitants, we have been unable to detect anything resembling the invasion and spread of a contagious disease. In the very beginning of the epidemic, several individuals, residing in different portions of the town, and having had no communication with one another, were attacked about the same time; and during its whole continuance, the cases appeared to arise irrespective of any proximity to the sick or their residences, the nurses of the sick, and inmates of the same apartments, escaping in nearly all instances.

"The disease having already prevailed for some time previously in both the cities of New Orleans and Nashville, and the steamboats daily landing passengers and merchandize upon our wharves, we were furnished with no facts upon which to found a conclusion as to whether it was brought up or down the river, or what time intervened from the dissemination of the poison, to its manifestation in disease. One fact more should be stated, and that is, that no patient with cholera had been landed here, and that our first patients of cholera had seen no cases of that disease.

"The disease prevailed principally among the negro and destitute white population, and but few women or children of any class were subjects of the malady. No white persons residing in the more cleanly portions of the town, and enjoying the ordinary comforts of life, were attacked, except a few, who were predisposed to gastro-enteric irritation, and even they, without exception, recovered. Disturbances of the healthy action of the stomach and bowels prevailed very generally."

Therapeutic Effect of Oleum Jecoris Aselli and Prunus Virginiana. Phthisis treated—Recovery.—In Sept. 1848, Mr. F. F., of B———, called on me for medical advice. He was 22 years of age—had been afflicted with a severe cough for three months—had laryngitis and every diagnostic symptom of phthisis in the right lung. I prescribed for him ol. jecoris aselli, three spoonfuls a day, and comp. tinc. opii, ʒij., with a strong decoction of Prunus Virginiana. Being fond of the oil, he took the full amount, and, the latter part of the time, six ounces of it a day. He rode on horseback every day. The larynx was touched daily for two weeks with a solution of nit. arg. 40 grains to the ounce of aqua distillata. In six weeks he had gained twelve pounds of flesh, and was free from all his phthisical symptoms. He has had no return of them since. Whether this was one of those cases which would have come under the denomination of Laennec's Spontaneous Cures, or like the late Dr. Parrish's case in Philadelphia, where *puckerings* or *fistulous* cavities will be found in the lung upon *post-mortem* dissection, I will not determine. That it was a case of phthisis, I have not the least doubt. I would merely suggest that a *combination* of these two agents, the cod-fish liver oil and the wild cherry bark, may be more efficient than we have heretofore supposed, and may be worthy of a trial in all cases.—Dr. W. M. Cornell, in *Charleston Medical Journal.*

THE

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SIAM—ITS CLIMATE, DISEASES, &c.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In compliance with your request, I send you some notes in regard to Siam.

Your readers are all aware that this country lies between Burmah and Cochin-China, and for the most part north of the gulf of the same name. It extends from about 11° to 18° north latitude, is about 150 miles wide, and has a population of probably over 3,000,000, or nearly 50 to the square mile. The western border is upon a range of high mountains of limestone rock; its eastern is upon a higher range of primitive formation, which abounds in minerals, such as copper, zinc and antimony. The last named the inhabitants take to be silver, but they do not work it, because, they say, the gods kill all who attempt to do so. Between these mountain ranges lies the gulf, and north of the gulf the kingdom of which we speak. The gulf in former years evidently extended a great distance farther north than it now does, and occupied nearly the whole of the South and the most populous portion of the country. The river Meinam, upon which is situated the city of Bangkok, with a population of some 400,000, runs from north to south through this valley, and is navigable for the largest ships more than 20 miles from its mouth. Eighty years ago it was so some 50 miles farther up, where was the former capital of the kingdom, a large city called Agathia. This whole valley is alluvial—a rich clayey prairie, intersected by rivers, small streams and a few artificial canals.

The climate is very warm and moist. Of course decomposition of dead organic substances, either vegetable or animal, takes place with great rapidity. The year is divided into hot, wet and cold seasons. March, April, May and June, are the hot months. During these months the average range of the thermometer is about 86°. I once knew it to stand from 90° to 98° all the time, by night as well as by day, for two weeks. No rain falls after December, and the earth before June, when showers again commence, of course becomes excessively dry and parched; large cracks or fissures, several inches wide and several feet deep, are frequently seen. On the prairie land, however, vegetation continues to grow, without apparently suffering much from this excessive drought, because the surface is elevated only a few feet above the water in the

rivers and canals, and at a level with the surface of the water the earth is at all times found saturated with it. But on the sides of the mountains the grass withers and the leaves drop from the trees, and all vegetable life seems suspended.

July, August, September and October, are called rainy months. In July and August thunder showers occur every few days. In September they are more frequent, and in October and the fore part of November they are of almost daily occurrence, and some days there are several; the rain falls in torrents. Yet scarcely a day passes in which there is not some hours of sunshine. The earth becomes saturated with moisture; and all the streams are much swollen. The temperature of this season is about 83°.

December, January and February are cold months. The average of the thermometer is 77°. I once saw it stand at 66°, and it has been seen at 58°. During this season no rain falls, but "a mist goes up and waters the face of the earth" abundantly. This mist, however, is not visible. It is a very heavy dew. Although the thermometer does not show a low temperature, yet the mornings are sometimes quite too cold for comfort without thicker clothing than is comfortable after 10 o'clock.

By a residence in a warm climate the system becomes exceedingly sensitive to atmospheric changes of temperature; so much so, that the sudden falling of the thermometer only three or four degrees produces a painful sensation of cold. December is the coldest month in the year, and from that time to the commencement of the rains, in May or June, there is a constant rise in the temperature, as well as increased dryness of the earth.

The population is composed of people belonging to several nations—Siamese, Laos, Chinese, Malays, Burmese and Cambogians. The Siamese and the Laos are very similar in appearance, and there is so much similarity in their languages that they may beyond doubt be considered as belonging to the same class, and to have had the same origin. The Burmese and the Cambogians, although differing more from them, have also most probably the same origin at a more distant period.

The Siamese have coarse, straight black hair, grey eyes, and skin about as dark as mulattoes. Their heads are rather rounder than ours—the anterior portions of the brain being less developed, but otherwise well formed. Nose, mouth, chin, and indeed the whole aspect of the face, is much more like that of children than like that of adults with us, as is also the conformation of the whole person—all being rather inclined to corpulence. Their teeth are stained black at a very early age, and are kept so. Their dress is very scanty—consisting of little more than some three yards of cotton cloth, three fourths of a yard wide, which is put on so as to cover the person from the waist to the knees only. This is all that is considered by either sex as essential to decency, but most of them have another smaller piece of cotton or silk thrown over the shoulders. Their language is monosyllabic. In writing they use thirty-seven consonant characters, and some seven vowel marks or signs which are written above and below the consonants, as in the Hebrew. Each of the consonant sounds may be united to each of the vowel sounds,

and this constitutes the whole language. The meaning of words is also affected by the tone and inflections of the voice. It will be perceived that their language is very simple, and, of course, easily acquired, and necessarily deficient in terms to express a large number of ideas.

Their religion forbids the taking of animal life, and of course animal food is not used at all by them. Hens' and ducks' eggs are, however, used to considerable extent. Rice is the staple article of diet, and is cooked in a great variety of ways; but for ordinary use it is simply boiled for a very few minutes in a large quantity of water, and after the water is poured off it is allowed to stand ten or fifteen minutes before it is taken out of the earthen vessel in which it is always boiled. When well cooked in this way, the kernels will remain separate from each other, and will be truly cooked without becoming very soft. With the rice thus cooked, condiments of aromatics, spices, and particularly pepper, are used. I have often seen them sit down to a dish of rice with nothing but red peppers to eat with it. Rice, without these condiments, proves powerfully diuretic, but with them no trouble of this kind is experienced; but it is not a suitable food for patients suffering from bowel complaints, and since my acquaintance with its effects in hot climates I never order it for my patients thus troubled.

Tobacco-smoking is universally practised by the men, and boys even at the age of 2 years, and it is indulged in to great excess. But I think the filthy weed is never used for chewing, but is superseded by the cera leaf and betel-nut, which all the inhabitants, of both sexes, use constantly; and a most unseemly sight it is to see them with a large quid held much of the time upon the under lip and outside of the teeth, with the reddish saliva often running down upon the chin from each corner of the mouth. So disgusting is the sight, that I believe all who have witnessed it speak of the betel-nut and cera as being very filthy and nauseous. But it is an entire mistake, and I presume it has been made because those who have witnessed the chewing of it by the natives have been so sickened at the idea of tasting it that they have failed to touch it to their lips. I saw it used every day for some two years before I (accustomed as I was to taste almost everything) could induce myself to taste it. The cera leaf is in shape, size and texture much like that of the bean, and its taste is a mild, pleasant aromatic, slightly resembling the winter-green. The betel-nut is in substance, texture, properties and taste very much like the white-oak acorn. A mild preparation of lime colored red is used with the cera and betel-nut, to complete the quid. The alkali is thought to extract the properties of the other two more perfectly, while its alkaline taste is not sufficiently strong to be unpleasant. The quid is such that almost any one would pronounce it pleasant to the taste, notwithstanding the disgust all feel on seeing it used by the natives of the country.

Alcoholic drinks are not used by the Siamese at all, and they look upon those who use them as barbarous almost—they despise them.

The diseases most prevalent are cholera and other bowel complaints, and smallpox. Some seasons intermittent fevers prevail to some extent, but idiopathic fevers are scarcely, if ever, known, and consumption very

seldom makes its appearance. Rheumatism of a chronic character is very prevalent, and often very severe.

The smallpox prevails more or less every year during the dry season, before the rains set in, and spontaneously ceases to rage after the first showers. The same is true of agues ; but bowel complaints often prevail during the rains. The system is slow to take on febrile and inflammatory action at all times, and seems to be susceptible of doing so only after the cool, bracing days of December. About ten years since, inoculation was first introduced as a means of mitigating the severity of the smallpox, and proved highly serviceable, and is now extensively practised by the native physicians. The treatment adopted by them in this disease consisted in the exhibition of stimulants, and was not at all judicious.

Great effort has been made to introduce the vaccine disease, and at one time, and only once, has the effort been successful. Two obstacles, apparently insurmountable, have prevented success. First, owing to the state of the atmosphere, decomposition takes place rapidly, so rapidly that the vaccine matter will not retain its virus more than a few hours at any time when exposed to the air, and generally not more than a few minutes. At Singapore, even, it is found usually impossible to carry the matter taken from a fresh pustule the distance of half a mile, and successfully vaccinate with it. I am happy to hear from my friend, Thos. Oxley, Esq., Government Surgeon at that place, that he has been able to keep the matter for a month enclosed in gutta percha, and trust that in this way the virus may be sent safely to Siam in future. The other obstacle is the indisposition of the human system to take on inflammatory action, which, as before remarked, is so great that even the contagion of smallpox cannot be transmitted for some nine months in the year in the country around Bangkok. It is annually brought down from the more mountainous parts. Owing to these two causes, it is not to be expected that vaccination will, for many years to come, be of any great benefit to these people. Inoculation of all exposed to the smallpox seems to be the most effectual way of preventing its fatal consequences, as those who have been thus treated have, with only a *very few* exceptions, passed through this disease without any untoward symptoms.

In the treatment of cholera, no systematic course is pursued. Champooing and kneading the bowels are daily practised in colic and the milder forms of diarrhœa.

For rheumatism, stimulants are used, and often successfully. It is a common remark of authors that this is a disease of temperate and not of tropical climates. I should call this a great error, so far as my observation goes ; for I believe that there is as much, if not more, of this disease in the very even climate of Singapore, where the thermometer seldom varies ten degrees in the whole year, as there is in any part of New England. No doubt much of this is induced by unnecessary exposure ; yet I believe that the prevailing impression is derived from the experience of those that have in their own persons experienced the benefit of an equable temperature for a limited period only. Dyspepsia is

not common. Insanity is scarcely known. Wounds are not of frequent occurrence, and heal with extreme readiness. Hence surgical operations are not so liable to be followed by bad results as in this country, other things being equal. Superficial ulcers are not common upon the Siamese, but are so upon the Chinese. The remarks upon surgical operations apply with full force to operations upon the eye. The Siamese, however, are not as subject to diseases of this organ as the Chinese are. While residing in the country, I performed many of the most important operations upon these delicate organs, as well as upon other parts, and, with scarce an exception, with the happiest results. The Chinese, particularly, are the best subjects for eye operations I ever met with. They will hold their heads and eyes perfectly still through the whole operation, without the aid of an assistant.

In regard to midwifery, very little can be said. They are entirely ignorant of the anatomy of the organs of generation, and serviceable aid is never rendered the parturient female. Yet they usually are safely delivered, but after this they are kept in a close apartment made insupportably hot by fires kept for the purpose, and not a few cases prove fatal on this account. This seems the more strange, because fires are never used for the purpose of warming apartments at any other time, and the patient at these times suffers exceedingly. Few women have more than two or three children, and many of them are barren.

The children are never clothed until three or four years of age. Their skins, however, are kept yellow with pulv. turmeric, and the female children have usually a substitute for a single fig-leaf in the shape of a small brass ornament, which is kept in its place by means of a string around the hips. They are bathed very frequently—several times a-day often, and those about the rivers learn to swim about as soon as they learn to walk. It will at once and justly be inferred from the above, that the native population does not increase very rapidly. It is, however, supposed to be increasing somewhat.

Polygamy, or rather concubinage, is permitted, but is not practised except by the people of wealth, who are all government officers. The king has, and can have, but one *wife*, but the number of his concubines is not less than three or four hundred. STEPHEN TRACY.

THE SURGICAL ADJUSTER—DR. KING'S REPLY TO DR. JARVIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I will not burthen yourself or your readers with a lengthy reply to the communication of Dr. Jarvis in Nos. 17 and 18 of your Journal, nor shall I engage in a very serious controversy with any one whose mind appears so barren of everything except vanity and scurrility, although in this case I have the charity to suppose that the anemia has been occasioned by that very great mental effort which brought forth the adjuster "at a single leap." I am sorry to disturb a mind thus situated, and do assure you that in future I shall allow all further communications from him "to lie" unnoticed, unless he should manifest some better symptoms of intellectual vigor.

When I sent you, in April last, for publication, an article upon the treatment of fractures and dislocations, I also sent Mr. Burnett, 33 Tremont row, Boston, an apparatus similar to one which I had used for many years, with a request that he would show it to any that might wish to see it. In preparing the article and forwarding the instrument, I had no other object in view than to call the attention of the profession to the subject of osteal surgery. I entertained no feelings of personal hostility towards Dr. Jarvis. I had no rival apparatus to place in market to supersede his, and as an individual I could not be benefited or injured by any disposition of his machine. But it appeared to me that it was an unnecessary tax upon the profession, which might be abated without detriment to any one except the patentee, and that his often-repeated declarations that the adjuster was the only safe or proper apparatus for the treatment of dislocations and fractures, tended to deceive the inexperienced and to discourage other improvements. If my views were erroneous, an investigation would only tend to establish more firmly the reputation of the adjuster; but if I were correct, the general good would be promoted by it. The pattern in the hands of Mr. Burnett was offered to all who should wish to use it, and it is there yet upon the same terms. I did not assert that it was the only or even the best means that might be employed; but I thought then, and think now, that the plan is much better than that of Dr. Jarvis, having all the advantages of application and operation which belong to his, at the same time that it is more simple, lighter and cheaper. A number of physicians and surgeons of skill and experience have expressed their approbation of the plan, and a practice of nearly thirty years has afforded me some opportunity to test the value of different appliances. I know that powerful mechanical means are seldom necessary—less now than formerly—which circumstance diminishes the value of all such machines, and some surgeons in extensive practice discard them altogether.

In the first chapter of Dr. Jarvis's communication, he has introduced an article written by a Dr. Stout, and published in the "Archives Générales de Médecine." I know nothing of this Dr. Stout, and will not pretend to say what induced him to make such "indefatigable" exertions in the cause of Dr. Jarvis; but I do know that this same article, a little abbreviated, forms a part of the appendix to Dr. Jarvis's Lectures, which have been circulated all over the country, so that this is only an old story told over again; and whether the statements are any truer now than at first, your readers will judge. This Dr. Stout divides the history of osteal surgery into three periods:—The first from Hippocrates to Ambrose Paré in 1582; second, from the time of the great Paré to that of J. L. Petit, 1750; third, from the time of J. L. Petit to that of Dr. Jarvis, 1846, the era of the adjuster. Having thus brought the history down to the present time, Dr. Stout proceeds to say, "Previous to the invention of Dr. Jarvis, we find but *two* examples of the application of *this principle* to surgery." One of these, he says, was the apparatus of Nicolia, and the other that of Frederic III., King of Prussia. Here, then, from his own showing, are two distinct individuals who employed the same *principle*, and used the rack and pinion, in the treat-

ment of fractures; and if this "indefatigable Dr. Stout" had just looked into the third volume of the Mémoires de l'Acad. Roy. de Chirurg., page 258, he would have found an account of another, that of Belloq, to which I referred in No. 12. From these accounts it will be seen that the rack and pinion have been constructed and used by at least three different individuals before Dr. Jarvis. Nevertheless, Dr. Stout goes on to say, "The existence of these instruments, however, ought not in the least to diminish the honor of originality due to Dr. Jarvis, who knew nothing of them." Here is another new principle. Did any man ever before claim exclusive legal rights and public honors for what he did *not* know? If this is to be the rule of distribution, Dr. Jarvis may probably aspire to other honors. In conclusion, Dr. Stout enumerates seven distinct advantages which he says "entitle the adjuster to the preference over all others." Now whoever will take the trouble to examine the instrument at Mr. Burnett's, will find that it has every one of these advantages, besides several others that make it preferable to that of Jarvis.

Dr. Jarvis pretends to think that my remarks upon the adjuster implicate "such men as Brodie, Cooper, Guthrie, Lawrence, Fergusson, and many others," and declares his determination to defend them. It must certainly be a source of great satisfaction to such men to know that they have an advocate who has at his command such a "combination of mechanical powers," all operating upon new principles.

Having brought his first chapter nearly to a close, Dr. Jarvis announces another of his new principles in the following language. "But a dog may approach the sleeping lion." And without condescending to tell us "how or by what means," he breaks off. Perhaps this reflection may afford him a momentary consolation; but I think that he will find that when the lion rouses up he will show no regard to any small cur, although he may wear a collar "worth fifteen English sovereigns."

In his second chapter, Dr. Jarvis labors hard to prove the truth of his old position, viz., that in dislocations of the humerus the head of the bone makes its escape through a longitudinal rupture in the capsular ligament. To prove this, and, as he says, to "establish the value of the adjuster," he has brought forward a large number of quotations, not one of which, when rightly understood, contributes anything towards his hypothesis. The idea itself is ridiculous. Who that knows anything of the anatomy of the shoulder-joint, can for a moment suppose that the head of the humerus may be entirely removed from the glenoid cavity through a longitudinal slit in the capsular ligament? If any think so, let them try the experiment in the dissecting room. I have heard that African bees, as big as sheep, live and swarm in hives of ordinary size; but I never before knew for certainty that a solid cylinder, two inches in diameter, could pass through a slit an inch long in a dense ligament. This appears to be an entire new principle, and the honor of the discovery belongs wholly to Dr. Jarvis. After having gone through with his quotations, and commenting upon them to his own satisfaction, he proceeds to say that in one instance at least "the rupture of that capsule was substantially longitudinal," and thereupon declares that he "will risk his reputation upon it." This is a very convenient method of proving matters

that admit of no other proof, and is much in use among a certain class. One bets his dog or his horse, another his hat or his head, and thus the matter is proved and the question settled. In the present case I have not been informed whether any one has come forward to take the bet. Perhaps the pain-killer man, or the inventor of the medicated jacket, may contend for the prize—especially if the gold medal, which seems to be the principal foundation for the proffered treasure, is to go with it.

Dr. Jarvis next proceeds to inquire—"How does this case square with the views and opinions of Sir Astley Cooper?" In the new edition of Sir Astley Cooper upon Dislocations and Fractures, edited by Bransby B. Cooper, there are reports of a considerable number of *post-mortem* examinations of persons who had died having unreduced dislocations, some of the hip and some of the shoulder, and in no one of these cases are we informed that there was a longitudinal rupture of the capsular ligament, but we are repeatedly told that it was found torn from its attachments. In the first case reported of the shoulder, page 320, he says, "The capsular ligament was torn on the whole length of the inner side of the glenoid cavity, and would have admitted a much larger body than the head of the os humeri through the opening." In another case, page 336, the humerus had been wholly detached from the scapula, and "a complete new capsular ligament had been formed" around the head of the bone in its abnormal situation. In the next case reported, page 337, "the capsular ligament was entirely torn away from the whole circumference of the neck of the humerus." On page 322 Sir Astley Cooper says that in reducing dislocations of the shoulder, "the deltoid and supra and infra spinati muscles are the principal sources of resistance." Here, then, Dr. Jarvis stands convicted by his own witness, and all the fanciful theories upon which he has endeavored to build up the adjuster are overthrown; and I know of no means, except another lift from the "indefatigable" Dr. Stout, that will extricate him from this dilemma.

To the medley of stupidity, egotism and ribaldry, which make up the last three or four pages of this chapter, I shall not attempt to reply, but will just observe that I suppose this to be a fair index to the author's mind, and as such it reflects more severely upon him than any remarks that I could wish to make. From his own mouth let him be judged; although it is mortifying to reflect that a man who boasts so much of his honorable acquaintances should show himself no more worthy of them.

Taunton, July, 1849. Respectfully yours, Dan King.

CASE OF ALOPECIA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Please publish, as a professional curiosity, the following extraordinary case of alopecia.

The subject, a child of Mr. ———, a lovely, dark-haired little girl, aged 11, in perfect general health, although suffering at times from palpitation of heart—cause, it is feared, organic—in September last perceiv-

ed patches of baldness encroaching upon lateral, posterior and vertical regions of scalp, for which the mother, after various domestic applications, had the head perfectly shaved—probably a very appropriate remedy. Some two months elapsed, and *no hair re-appearing*, my professional attention was called to the case. Found the scalp (with the exception of some dozens of scattered hairs one eighth of an inch long, of original color and partially loosened from their attachment) in a perfectly nude state, exhibiting a whitened, polished surface—not the least vestige of natural appearance remaining. Prescribed, generally—exercise, open air, &c.; and locally, bathing with cold water, brisk frictions daily with dry table salt, to which was superadded, after a few weeks, a solution of tartrate of antimony, ʒ j. to aqua ℥ iv., until slight irritation supervened.

In about six weeks a soft silvery down began to clothe the whole surface previously occupied by the natural hair. The mother, painfully anxious for the result, inclined to reproach herself for having the head shaved without previous consultation; her anxiety, however, was easily removed by the fact now exhibited to her, of the commencing depilation of both eyebrows and lids. Thus appearances remained for months, the *down* rather increasing in thickness and coarseness, and some hairs upon the vertex becoming firm and inclined to grow, to the length of several lines.

The case has been under occasional supervision from incipiency, and yet presents no more natural aspect; in fact, now there is almost a total absence of downy covering to the scalp, the eyelashes and eyebrows, however, having been replaced with silvery hairs of nearly their ordinary length and firmness.

In addition to the above phenomena, we have now a corresponding change in the color of the iris; its hue, formerly dark hazel, gradually assuming the pale pinkish aspect of the natural Albiness. Extraordinary! is it not? and so far as my observation goes, unique—although I have witnessed patches of dark hair changed to grey—and without any apparent assignable cause; both mother and father, and all the other children, having dark, thick glossy hair!

Quere—what, if any thing, is to be done? As an antiquated patient of mine, one of those everlastingly complaining individuals not unfrequently met with in professional intercourse, after expending her utmost physical force in the narration of a host of symptoms, covering the entire person from head to heel, used to say, "Now, Doctor, you're puzzled, ain't ye?" If not, say so, and oblige your old correspondent and friend,

Providence, R. I., July 15, 1849. J. Mauran.

CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Pieces headed *cholera* have become as common in Medical Journals, as those headed *potato rot* in Agricultural papers; and the subject of each seems so far to be attended with equal mystery. Cimmerian darkness (and from Cimmerii Homer drew, according to Plutarch, his

images of Hell and Pluto) seems to involve both. No one point has struck me with so much astonishment, as the origin of cholera at sea, and on rivers, when the ships and boats sailed from healthy, uninfected ports* —seeming to set at defiance all the theories of contaminated atmosphere, infected, poverty-struck dwellings, filthy streets, and contagious exposure.

In a former communication, which you did me the honor to publish, I aimed at calling attention to one single symptom, attendant upon all, so far as I can learn, fatal cases:—it was the suppression, or rather non-secretion, of urine. Since then I have met with repeated mention of the same symptom in your Journal, from writers both at home and abroad. And in connection therewith, it would seem, that there has been no one uniform phenomenon, evidenced by *post-mortem* inspection, except that of a shrinking or shrivelling of the kidneys, or both. This was early noticed in the East, as early as 1817.

But that which adds to the strangeness of the category, is the little attention, I believe I may say total omission of any remedial agents, directed to this symptom, by the most experienced and celebrated writers. In your number of the 4th inst., are Remarks on Epidemic Cholera, by Dr. Page, of Louisiana, which I esteem highly meritorious and even classical. Practitioners who have, or may have, patients seized, or in a way to be seized, with the disease, may there find a summary of the very best remedies, and combination of remedies, hitherto discovered; as well as a synopsis of opinions of the most celebrated writers, at home and abroad. Yet, wonderful to think, although Dr. Page notices that "The secretions, especially the urine, are suspended," still he does not direct nor refer us to any particular remedial agents for their restoration. But that remedies, removing other symptoms, may restore the secretion of urine, is a natural inference. And the success which one practitioner experienced (who communicated in one of your former Nos.) of the exhibition of tobacco, would in my mind sustain this opinion. This gentleman used it not only in the cases of his patients, but in a severe attack on his own person. In looking over the almost numberless reports, his success appeared to be the greatest, and would, as I should suppose, induce others to give tobacco a trial.

I remain, Sir, Yours, &c.

Lebanon, Conn., July, 1849. JOSEPH COMSTOCK, M.D.

P. S.—Those who consider what are usually called the *premonitory symptoms*, as the disease itself, and act accordingly, appear to proceed with most discretion in this insidious complaint. The contents of the stomach seem to be very offensive to it, and the idea of dislodging them with hot water seems plausible. Dr. Baillie says that a person will not die so soon from his not receiving any kind of nourishment, as from the cessation of action in the kidneys. Cicero says, "A wise or prudent man notices all things."

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* The cholera appeared on board the *New York*, a clean vessel from a clean port, where it did not prevail after she had been 14 days at sea.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VII.

WILLIAM GIBSON, M.D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us,
Foot-prints on the sands of time!
Foot-prints, which perchance another,
Wandering o'er life's weary main,
Some forlorn and shipwreck'd brother,
Seeing, may take heart again."—*Bishop King.*

"One thing above all others I pride myself upon: I have never, under any circumstances, failed to report, faithfully and honestly, the result of my practice and operations, whether favorable or unfavorable; I have never stated any important or marvellous case to the class without giving them proofs of the correctness of my statement, either referring to persons associated with me, or to other circumstances calculated to fortify my own report."

This quotation is taken from an Introductory Lecture delivered November 1, 1841, by Dr. Gibson, in which he gives a short sketch of his own life and principles. Old Maga, or one of his correspondents, in one of the late numbers, argues strongly for the propriety of all men of note writing their own lives; especially should they do this, says he, after they are forty years of age. The froth and fancy of youth have at this age given place to the substantial realities of manhood, and the mind, now clear, and unclouded by passion or the illusions of the imagination, is able to appreciate the value of life and its objects. It is true that a man will necessarily speak well of himself; but all know that the world, in the language of Falstaff, is given to lying; and particularly is it given to detraction. We are under the impression that the simplicity of character exhibited by Franklin, would never have been really understood, and had its predominating influence on the rising generations, had he not painted it himself, in his own inimitable style. Who would or could have depicted his troubles with his brother—his travels to Philadelphia—his temperance pledge, not to eat meat—the patronage of the would-be liberal Governor, who sent Franklin to London to get a printing press, without money or letters—his difficulties there, and his struggles after his return—the establishment of his paper, &c. &c.,—who, we say, *could* have painted these things like him who might, with Eneas, say of them, *magna pari fui?* One great blessing in this matter, is, that a man must necessarily write what he feels and thinks, and these are the things which people desire to know. The charm of greatness to the young mind, is in the mode of thought of great men. When these men express their own thoughts and feelings, they must of course be true to nature. Every one feels a consciousness that what a man says of himself will be more likely to be *like* him, than anything any body else may say of him.

We commend, therefore, Dr. G. for writing as he has done in the above introductory, at a ripe age, a sketch of his own life. The word "*I*" occurs eighteen times on the first page, and with its cases me and mine twenty-six times on the second. This perhaps is unavoidable in an autobiography. "Fifty years ago (says the learned lecturer—1841), then, I

had the honor of being born in the city of Baltimore, and state of Maryland, and am, therefore, like many of yourselves, a native American and a southern man. After receiving the best intellectual education Annapolis and Princeton afforded, I commenced the study of medicine, and attended, in 1806, a course of Lectures in this University." The Doctor then proceeds to state that he felt a presentiment, after hearing Dr. Physick, that he would succeed this great surgical luminary in the chair of surgery in this school—describes the effect of his statement of the presentiment on the minds of his fellow students and the landlady. "After the close of the lectures," continues he (still full of the idea of succeeding Physick), "I sailed for Europe, and first repaired to Edinburgh, where I spent the summer in witnessing the private practice and operations of the celebrated John Bell, then in the zenith of his glory; in attending botanical and natural history lectures; in devoting particular attention to hospital practice; and in replenishing my stores of classical knowledge under Adam and Dalsell, and other eminent linguists of the day." This continued for two years, when he took the degree of M.D., having written a thesis in Latin, "*De formâ ossium gentilitia.*"

In this production our learned friend seems to have anticipated some of the views of Gall and Spurzheim, and to have gained no little credit in the writings of Pritchard and some of the German writers. From Edinburgh he repaired to London, where, under the tuition of Sir C. Bell—for whose memory the alumni of the University know, he still bears great reverence and respect, having named a son after this beloved preceptor—he acquired that dexterity which it is well known he enjoys in taking plaster of Paris and wax models and casts, and in painting both oil and water colors. The lectures of Cooper and Abernethy were not neglected, and many anecdotes has he related and published in his introductories of these distinguished personages. His last visit to Europe furnished him with abundant materials in reference to the distinguished English Surgeon and Baronet.

After three years of study he returned to Baltimore, and began the practice of his profession. "Soon after," says he, "I joined some friends in getting up the University of Maryland; was appointed to the chair of Surgery," &c. &c. The battles of Bladensburgh and North Point supplied him with material for the study of gun-shot wounds, which, his students well know, he has taken great pains to instruct himself in.

But his destiny—for he is a great believer in destiny—led him, in about thirteen years after his first visit to Philadelphia, to the Surgical chair in the University of Pennsylvania, vacated by the transfer of Dr. Physick to the Anatomical. "My appointment," says he, "to Dr. Physick's chair, took place in September, 1819"—*now* thirty years ago. *Professors never die!!* His appointment as Surgeon to the Philadelphia Hospital—alias alms-house—soon followed, and he continued to fill the position until a few years ago, when an alteration in the arrangement of the institution drove him and his learned colleagues from these great clinical chairs, and left Philadelphia scarcely better than a paltry village as far as hospital advantages go. CATO.

[To be continued.]

INTESTINAL WORMS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In Number 13 of your Journal (May 2), was published a communication (over the initials J. S. J.) upon intestinal worms. A notice upon page 267 of that number had reference to "many errors and omissions," which would be corrected in a future number.

The character of the errors will be understood and corrected readily by the medical reader, though some "omissions" render the style obscure, and the writer's true meaning may not be clear, perhaps, in the paper referred to, as there is not always a proper connection between sentences and their parts, from the absence of the necessary words and phrases. It is not deemed important at this time to make an extended list of verbal errata; still the following corrections may not be out of place. Page 251, for "ascaris vermicula," read "ascaris vermicularis." Page 252, for "leeching the vagina, &c.," read "searching." Page 254, for "fierce drastics," read "fiercer"; for "throw the vermin," read "thorn;" for "often miraculous powers," read "after." Page 255, for "if a vegetable preparation," read "a chyle-like," &c.

Besides these "slips of the types," there are, however, omissions of whole sentences (not furnished in season for the printer), explanatory of the means by which was obtained the knowledge of the "supposed new method of treating tape-worm," the object in part of the communication on intestinal worms.

One of your correspondents asks the name of the seed, and complains of the want of point in the article in consequence of its omission. An apology was made by the writer for the desultory style of the communication; but the reason for not appending the formula was among the accidental omissions, and not discovered until the edition had been put to press. This opportunity is taken, in reply to your correspondent, to make the correction.

"The emulsion used in cases of teniæ is not designed as a marketable 'specific for sale.' It must be prepared from fresh seed when administered, and always under the direction of an intelligent practical physician. Further trials may furnish such additional evidence as shall render a more elaborate treatise advisable, in which the writer's views upon the whole subject of intestinal worms may be considered, and the probable action and effects of the treatment referred to, explained, with the method of preparing and administering the emulsion according to the great variety of cases in which it may with propriety be used. The name of the seed, with all other necessary information, will be given at any time cheerfully to such physicians as may have cases of real or suspected teniæ, and who may wish to give the emulsion a trial."

I do not know that this addition, in its proper place, would have materially increased the "point of the article." But it was intended as a part of the paper, and should have been published at the time. Your correspondent, if not satisfied that the name of the seed is still reserved, will perhaps, upon reflection, appreciate the motives that induce me

to keep it from the public eye, until the "book about worms" shall appear. I am anxious that physicians shall try the remedy, and from them individually it will not be kept secret. J. S. Jones.

Boston, July, 1849.

TREATMENT OF CHOLERA AT NASHVILLE, TENN.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have witnessed the success of Dr. Peter W. Martin's treatment of cholera; and hoping it may be useful, will briefly state to you the outlines, viz.:—Laudanum, ℥ iij.; tr. nutgalls, spts. camph., āā ℥ ij.; tr. capsicum, ℥ jss. Mix, and give from a teaspoonful to a tablespoonful to an adult man every hour, and *instantly after every emesis* or *dejection*. If the frequency of the pulse be 100, 120, 140, give an enema of two to four ounces of pure tincture of nutgalls, forcing the retention ten or twenty minutes. If cramp, vomiting or purging continue, either before or after rice water discharges, give by the mouth a tablespoonful to a gill of nutgall tincture, *instantly after vomiting*, the effect being best on an empty stomach. Under no contingency must the patient, for a moment, quit his recumbent position. One patient and *one judicious attendant* is best, and the room must be completely ventilated. The decrease in frequency of pulse is indicative both of favorable action of medicine and that the case is *genuine Asiatic cholera*, and presently the restlessness, burning sensations and coldness of surface will diminish. But if the shrinking increases with an advancing quickness of pulse, with retching and purging, *collapse is at hand*, and soon the secretion of urine and *arrest of discharges from the alimentary canal* terminate in a crushing sensation of death. Now, give every twenty minutes a gill of *pure milk cream*, and drink freely of mucilage of gum Arabic (or bene leaves), having ice grated in it, with as much syrup of ginger, peppermint or brandy, as will make it a pleasant beverage. Suppose collapse, more or less, is now progressing, let the patient drink *beef tea*, a little coffee and grated ice at intervals, putting bladders of hot water or mustard over the epigastrium; and if the fluids pass unconsciously, by reason of the sphincter relaxation, inject a gill of nutgall tincture, to which is added cayenne pepper. Also let him drink sixty drops to a tablespoonful *of the same*, giving the ice in *minute quantity, until some febrile reaction* is apparent; and never surrender the case because of *collapse*, which is only incipient death. If consecutive fever continue for days, with paroxysmal debility, give five grain pills of quinine and syrup of ginger, with coffee and sweet *cream*, and *chicken water*, or fine parched corn flour prepared as panada. The arrest of secretion from the kidneys and constipation for days, *per se*, need give no uneasiness, for, at the right time, they will come on, and may be corrected by a few blue pills and extract of rhei cautiously given. If chronic diarrhœa succeed, employ weak solution of creosote or nitrate of silver, dewberry root tea, mountain *red root*, broiled bear meet, bacon and salted fish, with lye soap and *cold water ablutions*, and gentle exercise.

On plantations south, a good mixture for cholera is equal parts of spirits of hartshorn and sweet oil, tincture opium, camphor and cayenne pepper; with strong oak bark decoction for enemata. Castile soap in a gill of hot water acts as an emetic instantly, when it is desired to remove vegetables from the stomach lately eaten, and it is said hot mutton suet, drank in small quantities after every action of vomiting or purging, is a good remedy. *None but strong, healthy persons should wait on the sick*, and *they* may feel secure by frequent *ablutions*, full ventilation of chambers, and the use of rich diet of bacon, beef, mutton, bread, butter, coffee and tea, prepared, *not in cholera localities*, and eaten in moderation.

In most cases the die is cast in from seven to twelve hours, for weal or wo, and hence the patient must be as much on the alert as if his house were burning around his couch. Dr. Hawthorne gives too much opium for sound American habits, and would destroy, very often, the *fœtus in utero*. Yet, according to circumstances, the clinical observer will often employ opium and capsicum in large amounts, when the system is in a state of *suffocated excitement* or when an *excessive sensibility* of the terminal points of all the nervous tissue is manifested; the cranial walls prevent the early effusion of serous fluids from the brain, and therefore it maintains a recuperative energy longer than more exposed structures of muscles and ganglions, or other soft parts. When extensive cutaneous scalds, draughts of cold water, or inhalation of *charcoal gas*, induce collapse, we do not rely on "calomel and opium" to effect restoration. If one hundred promiscuous cholera cases at the outset, be put in bed, fifty will recover by using some paregoric, peppermint and good regimen, and these might get well even if *some calomel were used;* but the remaining fifty might all die by the irritating influence of calomel or *any other purgative*. Some cases of cholera make as few manifests as does "*Mort du Chien*" on the gulf coast, or cases of the *sun-stroke*. In given cases any of the ordinary symptoms may be absent, and yet danger is indicated, and every close observer will detect cholera traits in prevalent maladies, which demand cholera treatment. Dr. Martin mentioned to me the case of a cholera convalescent, who was in a house where dysentery had broken out, and now his kidneys cast out sero-sanguineous fluid *copiously*, with a like discharge from the bowels, threatening immediate collapse. What then? Calomel and opium would not of course give relief. Dr. Martin gave him to drink a tablespoonful of nutgall tincture, with stimulant mucilage, and injected four ounces nutgall tincture, and he is now costive and using beef tea, chicken water and cream, and is safe.

In 1832–33–34 and 35, there were 3,500 cases of cholera in Nashville, among 7000 people, of whom from 360 to 400 died; and in the *last six months*, when the population is 16.000, it has killed (usually in twenty-four hours after attack) about 420, while other diseases caused only 100 to 120 deaths. The first 200 cholera deaths were at the rate of 10 per cent. of attacks, to the first of June; and the next 200 deaths, at the rate of 20 per cent.; while the last 30 deaths in July have been at the rate of 33⅓ per cent. of attacks, attributable chiefly to neglect by the patients. If cases be taken at the outset promiscuously, and be firmly and judiciously treated, as set forth above, *not above four per*

cent. will die, and these from idiosyncracy and prior infirmity of constitution. *Of* 360 *thus treated, only* 14 *died.*

It seems those who guess and theorize most sapiently respecting cholera, have concluded that Hezekiah's good angel is only slaying the Assyrians, and that four grains of sulphur and charcoal is the only sweet smelling savor that appeases his ozone propensities. Why do not our sulphur springs and the coal and gas furnaces at Kenhawa Salines destroy ozone? The fact is, that in eighteen years from 1817, cholera traversed all climates, latitudes, altitudes and vales, roads, cities, countries and oceans, round the world, destroying fifty millions of people; and again starting from the western Pacific waves, and hiding its mystic figure and death wands *in the clouds*, is again stalking round the globe in an eighteen year destructive inspection. Thousands of adjuvants are found to aid it in the *moral man* and in all living organization, as well as in physical changes of inanimate matter. When *here* before, it was *epidemic*, and in a limited sense was *contagious*; but now it is not *epidemic*, and is as fixedly *contagious* and having as little *complexity of circumstances* as any other affection called *communicable* from sick to healthy persons. I would, however, abolish all quarantines, as I would sumptuary laws, and rely on individual prudence and science.

Dr. Martin informed me that a case of cholera, refusing to yield, was treated to-day by an *enema* of *four ounces*, and swallowing half a tumbler of *nutgall* tincture. The arrest of purging gives time for reaction, and presently chyliferous absorbents are hungry to receive instead of regurgitating nutritive fluids. When a physician in health feels his system much disturbed, he must lie down, using a little camphor, &c., and so resting his system will soon stand firm under *heavier charges* of *the virus*. It is a fact that the virus of *canine rabies*, of *milk sickness* of the west, of cholera, and of malignant erysipelas, may be dormant for an indefinite time, and by excitants, aroused into development, instantly assumes powers for procreation of similar virus. I could not take measles, hooping cough and chickenpox till an adult, and then only by contact with adults having these affections. It is singular that while erysipelas makes copious lymphatic effusions *in a few hours*, fettered among the cellular tissue, the cholera no less freely and suddenly casts out its effusions upon the skin and alimentary canal, the former demanding hydragogue cathartics as an alterant means of cure, which are *destructive in a few hours*, if given, in the latter affection; and yet these maladies march in friendly alliance in all their pestilent invasions.

Very respectfully, your ob't serv't,

Nashville, Tenn., July, 1849. A. M'Call, M.D.

P. S.—The rain has fallen eight inches in forty days past, with thunder on thirty days and lightning on the remainder, but the air is *pure* and the streams of water and surface of the ground show less mossy greenness than usual in the June rains. The winds have been strong, and do not influence the direction of cholera infection. The temperature has been $84\frac{1}{2}°$ mean, and by barometer $29\frac{1}{3}°$; the highest heat for the same forty days was 91°, and lowest 68°. Vegetation is good, and there is no high

or low locality to which cholera gives preference. I can always detect erysipelas of the contagious cast when within a few feet of a patient, by the impression it makes on my facial nerves; and milk sickness, typhus fever, or smallpox, by the impression on the olfactories; but cholera gives no such indications.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 25, 1849.

Asking Medical Advice.—Physicians who reside in cities are subject to a draft upon their time, and other impositions, to which those in the country are comparatively strangers. There are both men and women of intelligence who seem to consider that physicians are obliged, by the usages of society, to hear them narrate the minutest details of their sensations; what food and medicine they took under certain circumstances, and their opinions in relation to the whole matter; and then they expect the physician's views of the present condition of things. After obtaining in the fullest manner such advice as a discreet physician would give, they conclude it is best to be going, and moreover they express themselves as much obliged for the suggestions. They never intended to pay for the service rendered. Those who suffer most from this species of patronage, are the obliging, kind-hearted, sympathizing physicians, who can least afford to give away precious hours to such unworthy objects. The austere, unsocial, solitary practitioners, whose influence, like Montezuma's, depends on keeping people at a distance, and always at the freezing point, have no such liberties taken with them.

When the members of all medical associations, in towns and cities, have the independence to notify the whole public that they must invariably be paid on the spot for advice, and every visit, after the English custom, paid for daily at the bed-side of the patient, this inconvenience will be remedied, and few or no debts will be lost. A thousand annoyances and inconveniences, inseparably connected with the miserable system by which the practice of medicine is regulated in this country, might be obviated, and something more than a nominal income realized, were a revolution, in this particular, brought about.

Empirical School of Midwifery.—Some slight, faint curiosity is occasionally expressed to know what progress the midwife-manufactory is making in Cornhill, in this city; and further, who is the celebrated instructer, who is heading off the learned profession of the city of Boston, by preparing females for a department of practice considered quite lucrative? Those in the corner are said not to see the smoke. That is precisely our condition. All we know about it is what comes in the form of newspaper paragraphs, in which somebody occasionally intimates that the eyes of all the world are looking with intense interest to the mighty change in the habits and customs of society that the Cornhill influence is about to establish. So far as instruction is the object of the movement, we say the more knowledge females have of their own organization, the better.

If any body prefers the assistance of one of the new-made midwives, who will object? We have no thought of crying out for revenge, or for assistance in putting down a daring rebellion, but are rather disposed to have people accommodated in such matters, so far as it may be done to their own safety.

Increase of Medical Radicalism.—At Rochester, N. Y., an eclectic medical school has been organized, and, according to the notices given, possesses all the elements of an engulphing institution, that will swallow up the Buffalo University, the faculty at Geneva, and perhaps, in the wide-spread circle of its revolutionary influences on legitimate medicine, overturn the old College of Physicians and Surgeons in the city of New York, and, finally, brush away into non-existence its ambitious rival. It is a distinguishing feature in all these new-fangled schemes for teaching the falsely denominated true system of practice, that when they unfurl their banner of hypocritical reform, they declare a war of utter extermination to all existing medical colleges. It is laughable, as well as lamentable, to witness these puny efforts of ignorant, presumptuous men, to arrest the onward progress of knowledge and humanity. If an attempt to restrain them from a free exercise of the privilege of promulgating their sentiments were made, it would be precisely what they most desire, well knowing that the cry of persecution, which they could raise, would be a successful appeal to the sympathies of those lower in the social scale than themselves. Fortunately, such is the organization of our happily-devised government, these revolutionary efforts may be made without disturbing the affairs of the nation; and when the radicals in medicine or politics have exhausted themselves in solemn protestations against the awful and dangerous state of the times, their stentorian voices gradually die away in feeble echos, and the great fabric of society, unmoved by the shock, moves on as harmoniously as though no such occurrences had happened. Threatening as may be the aspect of the power that is rearing its formidable and gigantic head in the city of Rochester, there is consolation in knowing that, as Rome was not built in a day, it is hardly possible this eclectic institute will annihilate whatever it contemplates as heterodox in medicine, without giving its quailing foes an opportunity of escaping from the dangers of a falling wall. Here is a glimpse of what is to be accomplished in only one department. "*Physiology* will be more clearly illustrated in all its practical bearings, aided by the neurological investigations which of late have been adduced, showing the perfect inter-relation which subsists between the mental, moral and physical manifestations. They also demonstrate the coincidences of pathognomonic occurrences as dependent upon the peculiar organism of the nervous system, its development and power. This department presents an unusual amount of original matter, not less novel and startling than truthful and practical." How singular it is that these poor workmen are determined to handle edged tools. Of all self-styled reformers, they are the least able to grapple with a subject which the profoundest philosophical scholars approach with hesitancy.

Characteristics of the Discharges in Cholera.—Dr. North, of Saratoga Springs, gives the following criterion to distinguish the real cholera from common cholera morbus and diarrhœa. After premising that the discharges of true cholera are unaccompanied with pain, he says—"Let a person sup-

pose that a tablespoonful of rice has been boiled in a gallon of water and the whole thrown into a vessel. This is an exact resemblance to the discharges of Asiatic cholera, even to the rice grains in the bottom. A minute's consideration of this production will so fix it in the mind of any person that there need be no mistake. Both the color and smell which accompany the discharges of ordinary diarrhœa are totally absent, and have been in every instance since the disease first broke out near Calcutta, in 1817."

The Cholera.—There appears to be a marked decrease in the ravages of cholera since our last, in most of the cities in this country where it has prevailed. In New York, on the 21st, the number of cases for twenty-four hours was 94, deaths, 36; on the 22d, cases 75, deaths, 30.—In Cincinnati, the cholera interments on the 22d, for twenty-four hours, were 36; from other diseases, 31.—In St. Louis, July 21, cholera interments 36, and business improving. In the last city the total mortality during six months, from the disease, has been very great. The St. Louis Reveille of July 11th, thus alludes to it, and states that at that date acclimated citizens were oftener attacked than at first. "On the supposition that up to the present time, the epidemic had committed its ravages among a population of 60,000 (which the city contained previous to its appearance), the statistics show a mortality of 92 in every 1000—equal to one in nearly every eleven persons. Since the beginning of June, however, numbers of persons have left the city, reducing our present population to 55,000 at the very outmost. From the 1st of June to the 9th of July, the report shows 3,484 deaths—exhibiting with our actual population of 55,000, a mortality of 61 in every 1000, or one out of about sixteen, in six weeks." It is estimated that of these deaths, at least seven in every eleven have been among recently arrived foreigners.—In Canada the disease is prevailing extensively.—In this city, it will be seen that 15 deaths were reported during the last week. Nearly or quite all the cases, however, have been emigrants, or individuals in whom the disease was induced by imprudence of some kind. The cholera cannot be said to prevail as an epidemic in Boston.

Medical Miscellany.—Mrs. Laurania Thraver died at Ogechee, Geo., on the 29th of March, at the supposed age of 137. She was put down at 110, when the census was taken in 1825. She could read the finest print or thread a needle without glasses.—A young girl, near Philadelphia, laboring under some form of lunacy, by pretending to hold conversation with the Lord, is stirring up all the crazy people in the region, who flock in crowds to see one more possessed than themselves.—Yellow fever has broken out at Havana, as usual—and 40 per cent of all the deaths are from that disease.—One of the miscalled medical Botanical Journals has an original article on modesty, a quality not heretofore recognized by some of its contributors.—A convention of *non-poison platformers* was to have been held at Cincinnati the first Tuesday of July. Who can they be?—Dr. Short, a distinguished professor in the medical department of the University of Louisville, has resigned—and is since elected Emeritus Professor of Materia Medica and Medical Botany. His herbarium is represented to be the most complete of any in this country. Lewis Rogers, M.D., has been chosen his successor.—Dr. Mauran, of Providence, late President of the R. I. Medical Society, has been elected an honorary member of the Massachusetts Medical Society.

To Correspondents.—The following papers have been received:—Report on Asiatic Cholera by the Committee on Hygiene of the National Institute—Nos. 8 and 9 of "Sketches," by Cato—Dr. Williams on the Treatment of Cholera—Dr. Henry on Malignant Typhus—and R.'s Case of Dislocation of the Cervical Vertebra.

Married,—Dr. T. Edgar Hunt, of Clarksville, Hunterdon Co., N. J., to Miss C. Martin.—In Shutesbury, Mass., Dr. Lewis S. Bemis to Miss J. A. Smallidge.

Died,—In New York, Thomas Keenan, M.D., after a few hours sickness, 52.—At Bethlehem, Penn., Edward Rice, M.D., 35.—At Litchfield, Conn., Dr F. S. Woodward, 84.—At Detroit, Michigan, Dr. Oatman.—At Columbus, Ohio, Dr. Yard, of cholera.—At Cincinnati, Hardy Wallace Hill, M.D., Prof. of Surgery in the Botanic Medical College of Ohio.—At Albany, Dr. Charles C. Haddock, of cholera.—At St. Louis, Mo., Dr. Harding Lane, of the same disease.—Dr. Niece, a German Homœopathic physician, recently from Texas, died of the cholera in Cincinnati, on the night of the 26th ult.

Report of Deaths in Boston—for the week ending July 20th, 119.—Males, 60—females. 59.—Of consumption, 15—cholera, 15—marasmus, 3—congestion of brain, 11—drinking cold water, 2—dropsy in the head, 7—convulsions, 3—typhus fever, 3—inflammation of the bowels, 5—sudden and unknown, 6—teething, 3—scarlet fever, 5—accidental, 2—infantile, 4—dysentery, 3—cholera morbus, 1—intemperance, 1—cholera infantum, 2—disease of the spine, 1—measles, 1—inflammation of the lungs, 3—disease of the heart, 3—tumor, 1—diarrhœa, 2—erysipelas, 1—burn, 1—croup, 1—disease of the bowels, 7—drowned, 1—peritonitis, 1—child-bed, 2—disease of the brain, 1—debility, 2.

Under 5 years, 45—between 5 and 20 years, 13—between 20 and 40 years, 35—between 40 and 60 years, 23—over 60 years, 3.

Charity Hospital, New Orleans.—This great thermometer of the health of New Orleans, still continues to receive the afflicted poor within its walls, from whatever quarter they may come. Important additions have been recently made to this institution; a new wing has just been completed, in the rear of the main buildings, of the same size, and fronting the wing formerly occupied by the Insane. This department is designed to accommodate the Sisters of Charity, the stewards, and it also serves as a refectory for the officers and other inmates of the institution. The building formerly occupied by the insane, now receives the *female* patients admitted in the hospital. By this arrangement, the *female* will be separated from the *male* patients; an arrangement always desirable in a large establishment of this kind.

By the recent additions to the hospital and other changes in its internal arrangements, still greater accommodations will be extended to the sick.

The buildings can now receive and comfortably entertain *one thousand* patients—the largest charitable institution perhaps in the world, in proportion to the *permanent* population of the city in which it is located. About the middle of June, over 800 patients were quartered in this hospital, all entertained at the expense of the State. "But charity vaunteth not."

The average number of patients annually admitted into this institution is between *eleven* and *thirteen thousand*, all of whom are *gratuitously* attended by the physicians of New Orleans. The profession in this city deserve great credit for its disinterested devotion to the cause of charity and the suffering poor.—*N. Orleans Med. Journal.*

Castor Oil and Spirits of Turpentine in Typhoid Fever.—Dr. C. W. Crozier, of Russellville, Ky., has communicated to us the particulars of a case of typhoid fever in which, at an advanced period, castor oil and spirits of turpentine were administered with success. The life of the patient had been despaired of by her friends, and her recovery, Dr. C. attributes to the use of these remedies, in doses of a teaspoonful each, repeated three times daily. While employing this mixture, he had the patient bathed in tepid ley, the effect of which seemed to be salutary. This practice in typhoid fever, attended with coma and watery discharges from the bowels, was suggested to Dr. C. by Dr. James H. Baker, of Knox county, Tenn., in whose hands Dr. C. says it has been found invaluable.—*West. Med. Journal.*

Pathological Appearance in Cholera.—The numerous microscopic investigations which have lately been made in Paris tend to establish that hypertrophy of the intestinal follicles, coinciding with a protrusion of Peyer's glands, and more or less vascularity, are pretty constantly found in persons who have died of cholera. Large ecchymoses have also been discovered in all the parenchymatous organs, not only on their surface, but situated within their substance. These ecchymoses have been found so extensive and of so dark a color, that they look very much like gangrenous patches.

An Anticontagionist Fact.—M. Stienard, of Valenciennes, mentions in a paper addressed to the Academy of Medicine, of Paris (May 1st), that a child violently attacked by cholera was kept warm by its parents by being put into bed with them. By this means the child resisted the algide period, eventually recovered, and the parents never had a bad symptom.

THE

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REPORT ON ASIATIC CHOLERA, OF THE COMMITTEE OF HYGIENE OF THE MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

The Committee on Public Hygiene, admonished by the fearful mortality attendant on the presence of Asiatic cholera in our western cities, and especially in Cincinnati and St. Louis, and confident that much may be done in staying the ravages of this fearful pestilence, by a proper and rigid adherence to such hygienic measures as have been found, by experience, to be beneficial, respectfully report:—

1st. *That Asiatic cholera is not contagious.*

Dr. Parkes, an English army surgeon, thus describes two epidemics which he saw in Asia. "Some time in the early part of 1842, cholera appeared in the northern parts of Burmah, and passing in a southerly direction, committed great ravages, and caused great consternation at Ava and Ameerapoora. After traversing these cities, it passed to Rangoon, pursuing the course of the Irrawaddy and its tributaries, and attacking chiefly those towns and villages situated on the banks of these rivers. In November it reached Tavoy, the second principal Burman town." Tavoy is a place of considerable size, and is situated about 150 miles south of Moulmein, on the banks of a broad, shallow stream, loaded with debris from the neighboring mountains. Cholera raged here with great fury for three or four months, and then gradually disappeared.

"During this progress from the north towards the south, cholera attacked chiefly or exclusively the towns and villages stationed in low marshy places, on the banks of rivers, or on the shores of the sea. It did not extend inland, and the Burmans were accustomed to escape it by leaving their homes, and travelling into the jungle. As soon as the first death occurred in any village, the men deserted their fishing or their paddy fields, and betaking themselves to their endless forests, preferred the chances of famine, and the dangers of the jungle, to the risks of exposure to attacks of cholera. They universally stated that, though they were left without food by this flight, and were exposed to the burning noon-day rays, and to the heavy tropical dews at night, cholera universally left them after the second or third day's march inland.

"For many months the disease at Moulmein was confined almost entirely to the houses situated on or over the river, and chiefly to the

south end of the town; one side of the main street runs close to the river, and the great majority of cases occurred on this side; comparatively few on the other."

In September, 1847, the disease having reached Trebizond an attempt was made, by shutting up all communication with the Russian ports, to prevent its introduction into Constantinople. On the 10th of September, however, several persons residing in different parts of the city, and having no communication with each other, were attacked with cholera. The progress of the disease was slow at first, but by the 23d of September the daily mortality had reached nearly 600. During this frightful mortality those persons who observed a rigorous system of diet, invariably escaped, notwithstanding their immediate contact with those affected by the disease, as well as those who retreated to elevated positions.

The exemption of one of the islands in the Neva from the disease, while it prevailed at St. Petersburgh, notwithstanding the constant communication, together with the remarkable exemption of the city of Lyons, France, while cholera was raging at Marseilles, in 1835, notwithstanding it received an emigration of 10,000 inhabitants from that city, furnish proofs, among many others of a similar character, which entirely preclude the possibility of the communication of cholera by contagion.

Dr. Parkes, on the subject of its contagiousness, remarks, "During the epidemic attacks in 1843 and 1845, among the Europeans, there was a large extra allowance of hospital servants and coolies; these men were constantly in the cholera ward, aiding the sick men in and out of bed, putting them into baths, rubbing their cramped limbs, emptying the close stools, and performing all the offices demanded by the patients, usually so restless and fretful in the earlier period; and yet not one of them, nor any other of the hospital servants, were attacked. The medical officers were constantly on duty, receiving and inspecting the sick, examining the dead bodies, &c., and yet enjoyed the same immunity. In the *post-mortem* examinations of cholera patients, I have accidentally inoculated myself many times, without ill effects. In fact, I may sum up my own knowledge in the assertion, that I have personally never witnessed in India any fact which would have led me to believe that the poison of cholera possessed the character of contagious virus."

The mode of its recent introduction into this country, at two distinct points of the Union, New York and New Orleans, almost simultaneously, and the erratic course which it has since pursued, correspond with the observations hitherto made in disproving the doctrine of its contagiousness.

2d. *It is almost invariably preceded by diarrhœa.*

A very important fact in the history of cholera, which is now satisfactorily determined by the mass of evidence collected during the last few years, is, that so far from being instantaneous in its attack, it is always preceded by a premonitory stage of longer or shorter duration. The surgeons who had an opportunity to examine it in India are unanimous in the opinion that the primary stage of the disease is developed by a looseness of the bowels, either with or without pain, and of an undeterminate continuance of from one hour to three or four days. In regard to the dura-

tion of this stage, Dr. Parkes has never witnessed a case in which "the diarrhœa has existed longer than four days, and the usual time would be in general but a few hours; that, however," he remarks, "would afford sufficient time for the application of remedies capable, in the great majority of cases, of preventing the further progress of the disease."

Dr. Müller, who was sent by the Hanoverian government to St. Petersburgh, in 1848, for the purpose of examining the disease, in his report divides cholera into four stages, the first of which (stadium prodromorum), the premonitory stage, characterized by disturbed digestion, flatulence, diarrhœa and languor, preceded the stage of invasion, whose symptoms were vomiting, cramps, and the peculiar rice-water discharges, and came on suddenly, from two to eight days.

3d. *This diarrhœa may, in the great majority of cases, be easily arrested.*

The opinion of the committee on this point is sustained by the able report of the English metropolitan sanitary commission, to which they are indebted for many of the facts which they shall make use of for the purpose of establishing it.

"It is notorious," remarks this report, "that diarrhœa was extremely prevalent in all the towns of the United Kingdom in which Asiatic cholera prevailed in 1832, although at that time the observation had not been clearly and generally made that it constantly precedes an attack, and is in fact the commencement of the disease. But perhaps," it adds, "one of the most interesting and instructive illustrations of the extent to which this premonitory symptom is present in a population in which cholera is prevalent, is afforded by the remarkable history of the progress and termination of this epidemic at Bilston, and the neighboring district, in 1832. This pestilence raged in Bilston with greater violence than in any other part of the United Kingdom. Out of 14,700 inhabitants, 3,568 were attacked with cholera, out of whom 792 died in less than seven weeks." Two medical men had perished, and two others left to recruit their exhausted strength. In this extremity, the Privy Council were requested to furnish medical aid, and Dr. McCann (since deceased), who had seen much of the disease in India and Persia, was sent to their relief. He immediately opened a dispensary, and placarded the town with notices that gratuitous advice and medicine would be furnished there to all persons laboring under bowel affections. The day after the dispensary was opened, 270 persons sought relief, and in eight days the number amounted to 1100. The result, which was no less gratifying than astonishing, is best told by Dr. McCann himself.

"I have," he says, in his report to the Privy Council, "the satisfaction to state that the mortality in Bilston parish from cholera, has been reduced during the last week to less than one half of what it was during the preceding. For this happy change, and happy it comparatively is, we are, I have no doubt, mainly indebted to the beneficial influence of the public dispensary for the bowel complaints." Dr. McCann has no hesitation in saying that a large proportion of the cases treated at the dispensary would have terminated in cholera, and that a majority of them would have died, but for this prompt and effectual relief. He says, "It

cannot indeed be too often repeated, that *looseness of the bowels is the beginning of cholera*, and that such looseness *admits of an easy and effectual cure;* whilst cholera itself, or that stage of the disease in which vomiting, cramps and prostration are added or succeed to looseness, is one of the most fatal and intractable diseases known." In less than three weeks from the time of the establishment of the dispensary at Bilston, there was not a case of cholera in the parish.

Mr. Hodgson, an eminent surgeon of Birmingham, which is situated in the immediate proximity of Bilston, who was one of the health officers appointed by the government, and paid great attention to the subject of cholera, in his examination before the committee says—"The disease raged very much at Bilston, and went on to a frightful extent until the government sent down Dr. McCann. When he came to Bilston he formed a cholera dispensary, or dispensary for bowel complaints, and drew attention very strongly to the importance of attending to the premonitory condition. I have always felt since that time, so far as my knowledge of the matter went, that if cholera ever threatened this country again, it would be a very manageable disorder if Dr. McCann's ideas were fully explained and acted upon."

This report of the metropolitan sanitary committee produced a profound impression in England, and the good results are to be found in the slight foot-hold which cholera obtained in its recent visit to that island. The committee cannot for an instant hesitate to entertain the opinion, that had similar measures been resorted to in those cities in our own country which have been so fearfully scourged by cholera, its progress might have been speedily and effectually arrested.

In regard to the extent of diarrhœa necessary to constitute the premonitory stage of cholera, the committee would remark, that during the prevalence of cholera, any alteration in the healthy action of the bowels should be looked upon with suspicion; insomuch that if an individual who had one evacuation daily, were to have this one looser than ordinary, it would be advisable to resort immediately to some gentle means to check it. The committee will not advise any remedial agents, which are well known to the profession, their purpose being mainly to call attention to the importance of establishing dispensaries for bowel affections as a great prevention of cholera, fully assured that with attention to cleanliness, both of the city and its inhabitants, to diet, and to the first manifestations of bowel affections, this terrible scourge may be shorn of many of its terrors. JAMES WYNNE, *Chairman.*

BIBLIOGRAPHY OF CHOLERA; OR A BIRD'S-EYE VIEW OF SOME OF THE PUBLISHED WORKS UPON THAT DISEASE.

BY STEPHEN W. WILLIAMS, M.D., ETC.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of cholera is one of great and absorbing interest at the present time. As conservators of the public health, physicians ought

to be prepared to meet it, and in no way can they do it better than by becoming acquainted with the opinions of those who have investigated the subject. I am sensible that by many this method of investigation will be considered of little value. At least they will so hold it up to the public, and the researches of such men will be considered merely those of book-worms, and little to be relied on in comparison with practical experience. But what is such experience good for, without the guide of authority and science? This charge, however, is only made by those who are too indolent to study, and their opinions can neither do any good or harm. "Practice, without the guide of science, is downright jargon and empiricism." Dr. Rush observes—"If a physician acquire skill by his own individual experience, how much more will he acquire by availing himself of the experience of several hundred of his professional brethren." A man's books are his best counsellors. The physician who has a great amount of authority before him, is much better prepared to treat diseases, than one who has but a limited resource of this kind. Hence those physicians who have the largest libraries have, in almost all countries and ages, been considered the most successful, judicious and learned practitioners.

My object in this communication is to draw together, or concentrate to a point, the writings of such authors upon the subject of cholera as have fallen under my observation and recollection in the course of my reading. Although they are somewhat extensive, they are not *all* that has been written on the subject; but enough will be noticed to render the subject interesting, and prove valuable references to the practitioner. I can do little more than give the titles of these works. When we reflect that, according to Chapman and others, the cholera, in a short space of time, has destroyed at least fifty millions of inhabitants, which is more than the plague or any other epidemic has ever done in a like period, and that it is at this time rapidly advancing in our country, the importance of the subject will be duly appreciated.

Cholera is no new disease, although it has been represented as such by some writers. I shall show that it existed in the early ages of the world. Still we have much to learn in relation to its character, cause and treatment.

Although Hippocrates wrote upon the subject more than 400 years anterior to the christian era, and an account of it may be found in Cox's translation of his writings, it appears by Schouttetten that it has been described even before him, by a Chinese physician named Wang-Chou-Ko, under the head of *hou-louan.* The Hindoo physicians say that the cholera has always existed in their country.

Coelius Aurelianus, an African physician, wrote upon the subject 500 years after Hippocrates, and gave a good account of the cholera and its remedies. He describes the disease as violent and acute.

Alexander, of Tralles, a town of Lydia, now Sultanhisar, in Illiricum, early wrote upon the subject of cholera.

Aretæus, of Cappadocia, early arranged tables of the cholera. The cholera is also described by Celsus.

From these writers it appears that the cholera occasionally prevailed during the ages of the Greek and Roman empires.

Zacutus Lusitanus, according to Ozanam, states that a colic prevailed in France in 1600, which was called *trousse galant.* Boisseau, according to Bedford, says this colic is given by Ozanam as an example of the first epidemic cholera in Europe. This disease "was so terrible that all those attacked by it died ordinarily before the fourth day." Dr. Bedford thinks this questionable authority, but admits that some cases of cholera occurred that year.

James Bontius, a Dutch physician, gives an account of a cholera which prevailed at Batavia in the year 1629, which was undoubtedly similar to the cholera of India and of the Greeks.

Dr. Thomas Sydenham, the great English Hippocrates, has accurately described the cholera which prevailed in London in 1669. Dr. Sims, also, speaks of it.

John James Schwaller, of Basle, according to Schouttetten, gave a history of an epidemic which prevailed in Switzerland, which he calls the cholera, and in Pegan, in Lower Saxony, at the close of 1717 and beginning of 1718.

Malouin, in the Mémoires de l'Academie des Sciences, describes an epidemic cholera which prevailed in Paris in 1750. Dr. Lentin states that the cholera raged at Dunaberg in 1769. Schouttetten says it appeared in Brittany, with violence, in July, 1779, and continued until October. He observes that "the cholera constantly exists in India, and that numerous destructive epidemics have been mentioned and described by celebrated physicians and travellers, particularly by Bontius in 1642, and Dillon in 1685. The histories of the epidemics of 1756, 1759, 1781 and 1782, have been given by Father Jean Baptiste, a Jesuit, and by two Bengalese physicians, Messrs. Wise and Corbyn.

Sonnerat, the Hindostan traveller, speaks of the cholera as prevailing epidemically at the coast of Coromandel, so long ago as the years 1771 and 1774. According to him, as stated by Dr. Joseph Mather Smith, more than 60,000 persons perished of the epidemic cholera at one visitation in the country between Cherrigam and Pondicherry. Paisley says the disease was epidemic in 1774; and Curtis, of Madras, gives an account of its ravages in 1782, in the southern provinces of India. The latter writer speaks of it, at the present day, as called at Madras by the name *mort du chien.*

I have examined the following works upon cholera, which were written previous to the year 1817, when it was, by many, erroneously considered to be first epidemic. Salmon's New Dispensatory, 8th edition, published in 1696, under the head *Choler*; Brooks's Introduction to the Practice of Physick and Surgery, 1754; Brooks's Practice of Physick, 1756; Allen's Practice, 2 vols., 1738; Boerhaave's Institutes of Medicines, 6 vols., 1738; Van Swieten's Commentaries on the above, 8 vols., 1744; Lind on the Diseases of Hot Climates, 1757; Hoffman's Works, 1756; Pringle's Diseases of the Army, 1743; Tissot on Health, 2 vols., 1767; Cullen's First Lines of the Practice of Physic, 1784; Heberden's Commentaries, Stohl, Chisholm, Frank, Jackson, Johnson, Hope; Brown's

Elements, 1790; Willich, Wallace, 1794; Townsend's Guide to Health, 1807; Rush's Inquiries, 5 vols., 1792; Wingate in Duncan's Medical Annals, 8 vols., 1798; Thomas's Practice, 1811; Quincy's Lexicon, 1736.

I now propose to name some of the principal works and papers upon the subject, which have occurred to my reading and observation since the year 1817. I shall present them as they have occurred to me, without regard to date or order. I think that even this slight review will show that the physicians of the first half of the nineteenth century have not been idle spectators of the ravages of one of the most terrific scourges which has ever afflicted the human race.

Most of our standard works upon the Practice of Physic treat upon the subject of cholera, and some of them most scientifically and elaborately. The following are within my recollection, and the volumes are principally before me. Good's Study of Medicine, 5 vols., 1829; Mc Intosh's Practice, 2 vols., 1837; Tweedie's Library of Practical Medicine, 5 vols., 1839; Peixotto's Gregory; Cyclopedia of Practical Medicine, 4 vols., 1845; Copland's Medical Dictionary, 5 vols. published; Watson's Practice, Notes by Condie, 1845.

In 1832, F. Boisseau, of France, published an elaborate and valuable work on cholera, which was translated by Dr. Gunning S. Bedford, of New York, and pretty extensively circulated throughout the United States. It contains a valuable history of the origin, cause and treatment of the complaint, with an account of many writers upon it whom I have not enumerated.

The same year a Report on Epidemic Cholera was drawn up by a Committee of the Massachusetts Medical Society, of which Dr. James Jackson, of Boston, was Chairman. This occupies a volume of 190 pages, with two maps of its progress, one of them colored.

The same year Schouttetten, Adjunct Professor of the School of Medicine at Strasburg, published a Medical and Topographical History of the Cholera Morbus, with a large colored map of its progress, a work of 100 pages, and a most valuable production. This was followed, the same year, by a volume of Practical Observations on Cholera Asphyxia, with an Appendix, by James B. Kirk, M.D. Next, a Report of the Committee of the Philadelphia Medical Society, of which Dr. D. Francis Condie was Chairman. Then, the same year, a most interesting discourse, as an introductory lecture, on the Epidemic Cholera Morbus of Europe and Asia, at the College of Physicians and Surgeons in the city of New York, by Joseph Mather Smith, M.D.

Report on the Epidemic Cholera of the Presidency of Bengal, in 1817, 1818, 1819. Drawn up by order of the Government, by James Jameson, M.D., with a map, 1831.

Sketches of the most prevalent Diseases of India, and the epidemic cholera of the East, with a map, by James Annesley, 1831.

Treatise on Cholera Asphyxia, or epidemic cholera, as it appeared in Asia, and more recently in Europe, by Geo. Hamilton Bell, 1831.

A History of the Contagious Cholera, with two maps, by James Kennedy, M.D.

Quelques Reflexions sur le Cholera Morbus, by Dr. Jachnichen, Moscow, 1831.

History of the Epidemic Spasmodic Cholera of Russia, by Bissett Hawkins, London, 1831.

Facts and Observations on Spasmodic Cholera, by the Board of Health, Quebec, 1832.

Information for the People on Cholera; including a sketch of its History, Prevention and Treatment. Philadelphia, 1832.

Report on the Epidemic Cholera in the Presidency of Fort St. George. Drawn up by the order of government, by William Scott, 1824.

Traité Pratique, Theorique et Statistique, du Cholera Morbus de Paris, par J. Bouillaud, Paris, 1842.

Hints to the People on the Prevention and Early Treatment of Spasmodic Cholera, by C. R. Gilman, M.D., New York, 1832.

Remarks on the Cholera, embracing Facts and Observations collected at New York during a visit to that city expressly for the purpose. Providence, 1832.

Etude du Cholera Morbus en Angleterre et en Ecosse, pendant les mois de Janvier et Fevrier, 1832, par le Professeur J. Delpech, Paris.

Monographie du Cholera Morbus Epidemique de Paris, par A. N. Gendrin, D.M. Paris, 1832.

Report of the Committee of the Kappa Lambda Society, New York, for the purpose of preparing an account of the mode of treatment of the Epidemic Cholera, June. Together with an additional account presented August 15, 1832.

Cholera as it has recently appeared in the towns of Newcastle and Gateshead, by F. M. Greenhow, of Newcastle-upon-Tyne. Lon., 1832.

Du Cholera Morbus de Cologne, par M. le Marechal Duc de Dalmatie, Ministre de la Guerre. Paris, 1832.

Sketch of the Progress of the Malignant or Epidemic Cholera, from its arrival in America. With tables illustrative of its progress in the principal cities it has visited. By Edward Warren, M.D. Boston, 1832.

The Cholera Spasmodica as observed in Paris in 1832. By Ashbel Smith, M.D., of North Carolina.

A Treatise on Epidemic Cholera; including an Historical Account of its Origin and Progress to the present period. Compiled from the most authentic sources. By A. Brigham, M.D., Hartford, Conn., 1832.

These are the principal works upon cholera which I have seen in the book or pamphlet form. Many other most valuable monographs and papers have been noticed in our most useful periodical Medical Journals. I now proceed to notice some of the most important and interesting of these which I have read.

Dr. Miner's Remarks on Cholera; Cholera in Boston; Cholerography and Cholera in Massachusetts, may be found in the September No., for 1832, of the "Boston Medical Magazine," where, also, may be found Letters on Cholera, by Baron Dupuytren; do. by Dr. Ochel, of Petersburg; do. by Mr. Lira; also an account of Saline Injections in Cholera.

In the Boston Medical and Surgical Journal, Vol. VII., for 1832,

may be found the following papers, among others, on cholera. Dr. Morgan on Spotted Fever and Malignant Cholera; Lee on the Cholera Ointment; Typhus and Cholera, by Thomas Miner, M.D.; Cholera at Newport, by William Turner; Saline Injections in Cholera; Malignant Cholera, with Dissections; Miner on the Malignant Cholera of New London; Free Oil in the Blood of Cholera patients, by Martyn Paine, M.D.; Treatment of Cholera, by Dr. Buchanan; Cases of Cholera in Boston; Effects of Inhaling Cholera Effluvium; Pathological Variety of Cholera, by M. Paine; Sequelæ of Cholera at Albany; Spasmodic Cholera, by J. A. Allen, M.D.; Cases of Cholera treated by Saline Injections, by J. G. Stevenson, M.D.; Astringents in Cholera, by Dr. Eastman; Saline Injections, by Dr. E. J. Davis; Sulphate of Copper in Cholera, by Dr. J. Marsh; Comparative Treatment of Cholera, by Dr. Blossey; Recovery from Collapse of Cholera, by Dr. J. C. Howard; Isolated Cases of Cholera, by Jonathan Ware and L. W. Sherwin; A Ray of Light on the Cause and Cure of Cholera.

In Vol. VIII. of the same—History of the Cholera in Montreal, by M. Paine; Cartwright on Asiatic Cholera; Changes of the Blood in Cholera, by B. F. Rose; Quebec Report on Cholera; Choleric Diarrhœa; After Thoughts on Cholera, by Senex; Remarks on Cholera, by the same; Cases of Cholera, by Dr. C. Hooker.

In Vol. IX.—Bleeding in Cholera; Cholera in India, in London, at the West, at Merrimac; Pathology of Cholera; Cholera produced by Rice.

In Vol. XI.—Re-appearance of Cholera in London; Mortality of, at Cincinnati; do. in Fulton, Ohio; Colchicum in Cholera.

In Vol. XIII. and other Vols. to XXXV.—Remarks on Cholera, by Dr. Richard Sexton; History of Cholera in New Orleans; Acetate of Lead in Cholera, by Dr. A. B. Price; Notice of Dr. Seeger's Lecture on Cholera; C. B. Williams on Bilious Cholera; Cholera, its Nature and Treatment.

In the American Medical Journal, Vol. IX.—Reviews of Jameson, Annesley, Bell, Kennedy, Jaennichen, and Bissett Hawkins, on Cholera; Violent Cholera at Clapham.

In Vol. X.—Review of Wm. Lefevre on Cholera; Document of Central Board of Health; Horner on Cholera on board the U. S. ship John Adams; Epidemic Cholera at Paris, by Drs. Pennock and Gerhard; Young on the Cholera Morbus; Magendie's Treatment of it; Petitt's Treatment; Non-purgative Salts in; Saline Injections; Lizars on the Pathological Appearances; Cholera and its Treatment; Treatment of Cholera, by the Polish Physicians; Chemical Analysis of the Blood in Cholera Patients; Reports of the Cholera at Dantzic; Mustard in Cholera; Eve on Asiatic Cholera; Dr. John Ware on the Cholera of New York; Lee on the Cholera Ointment; Cholera Blood.

In Vol. XII.—Reviews of Scott, Dalmatie, Greenhow, Kirk, Delpech, Bouillaud and Goodwin, on Cholera; Physiological Treatment of Cholera; Historical Examination of Epidemic Cholera at Paris; Salines and Cold Affusions in Cholera; German or Camphor Method of Treatment; Baxley's Report on Cholera in the Maryland Infirmary; McNaughton's

Letter to Dr. Spencer; Post-Mortem Appearances in Cholera; Cholera Statistics of Philadelphia; Mortality of Cholera in Quebec; Prof. S. Jackson on Cholera; Zabriskie on Cholera; Bronson on the Chlorides in Cholera; Spontaneous Origin of Cholera.

In Vol. XIII. and succeeding Vols. to III. New Series—Review of Ayer and Spencer on Cholera; Pathology of Cholera, by Dr. Charles A. Lee; Dickson on the Communicability of Cholera; Kickeley on the Cholera of Folly Island, Charleston, S. C.; On the Cholera of Russia, Prussia, and Austria, by Gerandin and Gainard; Cassanova on Cholera; C. A. Lee, on do.; Horner on the Anatomical Characters of Cholera; West's Case of Cholera; Bowron on the Original Causes of Cholera; Kirkhoff on Cholera; Leo, on do.; Saline Injections in Cholera; Forrey on Epidemic Cholera.

In the New York Journal of Medicine, Vol. II.—Dickson on Asiatic Cholera, with a Map; Cholera, Report on; Nature and Seat of; Chloroform in; Vapor Baths in; Remarks on its Propagation; Treatment of.

In the Philadelphia Medical Examiner, Vol. IV. New Series—Treatment of Cholera; Naphtha, a Cure for: Key to Cholera by Maxwell; Progress of Cholera in the United States (Vol. V.).

In Ranking's Abstract, Vol. II., 1846—Treatment of Cholera, by McGregor and Jephson.

In the New York Annalist, 1848–9—Cholera at St. Petersburg; Cholera and Quarantine; Cholera, Mode of Propagation and Treatment.

In the Scalpel, 1849—Cholera.

Since writing the above, I perceive some more articles upon the cholera in the Boston Medical and Surgical Journal for this year—one from Dr. Page, of Louisiana, in the number for July 4th; also a notice of a volume upon cholera, by Ambrose Tardieu, of Paris, which is ably reviewed in the Philadelphia Medical Examiner for July. I also perceive that Dr. J. P. Batchelder, of New York, has recently written a work upon cholera.

Deerfield, Mass., July 6th, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VIII.

WILLIAM GIBSON, M.D.

[Concluded from page 500.]

> "Loquere; hoc vitium commune, loquatur
> Ut nemo; at tensâ declamitet omnia voce,
> Tu loquere; ut mos est hominum; boat et latrat ille,
> Ille ululat; rudit hic; (fari si talia dignum est)
> Non hominem vox ulla sonat ratione loquentem."
>
> *Joannes Lucas, de Gestu et Voce, lib. ii.*

To Dr. Gibson is due the credit of introducing, in Philadelphia, a chaste, off-hand style of lecturing upon surgery, which has been followed and imitated by a large number of teachers, both in this city and elsewhere. To a vast fund of knowledge, in the fine arts, literature and languages, he adds

a happy faculty of expression, which make him a very ready and agreeable lecturer. Standing (according to ancient rule) with his feet moderately separated, or with his right foot thrown forward, resting upon the left; the index finger of the right hand placed upon the palm or across the two first fingers of the left hand, or with the left hand in the right breast, while the right hand sways a small rattan upwards and downwards and in other directions, he speaks straight forward and to the purpose—like a race-horse well trained, he moves steadily onward, as soon as the moment for action arrives. His language is pure and classical, flowing readily, as if written; anecdote, cases, descriptions, quotations, all flow out in one continuous stream; and the listener feels sure that nothing is or will be said in vain. Nor is there, as is sometimes the case (where the speaker is said to have a diarrhœa of words), a repetition of paragraphs or several sentences—merely to gain mental breathing time, the mind having gone, in the noise and bustle of the moment, "wool-gathering." His demonstrations of the anatomy of hernia, the structure of aneurisms, and all surgical diseases, are always accurate and to the purpose.

Doubtless, the habit of extemporaneous speaking predisposes him to neglect his pen—which is to be regretted, as the "Principles of Surgery" is a model in composition, as far as the arrangement of the matrer and the description of cases go, and proves that he can write well and graphically. That he can write and speak *honestly*, the first sentence quoted in these sketches, with a very slight acquaintance with his lectures and writings, will abundantly prove. There was, when Dr. G. first came to Philadelphia, a strong tendency to hide unsuccessful cases in surgery and medicine, and to blazon forth the more successful ones. Dr. G.'s great predecessor was, we fear, amenable to the first charge, and feared the effect of the want of success in practice on the public mind. Who ever hears of Dr. Physick's failures? Was he *perfect?* The fear of failure induced the father of American surgery to be very cautious in selecting his cases, and to shun all doubtful ones, preferring to retain his own reputation unsullied, to experimenting, and subjecting it to the inevitable effects of failure. After all, this is the true policy both in medicine and war. A man, to be considered truly great, must never have been beaten, at least the people must think so. It was this feeling that carried Napoleon's eagles over all Europe. Neither the public nor the profession will give a man credit for an experiment which fails, although it may be the means of establishing a principle in medicine, war or politics, of infinite value to the community. Dr. Gibson has shown himself above this, and for the good of science has even subjected his fair reputation to misconstruction. The *truly* great alone, can appreciate this kind of courage—'t is the courage of the true martyr, and he will reap his reward.

But to return to Dr. G. as a teacher. He appears to the writer, in the following remarks, to be describing himself very accurately; at least, after listening for many years to Prof. G.'s instructions, and critically examining his *modus loquendi et docendi*, we are disposed to finish this part of our sketch by making the quotation from the above introductory lecture.

"But to constitute an able and successful lecturer, in the common ac-

ceptation of the term, in any department of medical science, there should be from nature, an easy, quiet and composed demeanor, a simplicity of thought and action devoid of all affectation, a manner free from embarrassment of every description, a clear and distinct enunciation, a voice sufficiently powerful to reach the most distant hearers, susceptible of modulation, marked by peculiar intonation, so regulated in its cadence as never to terminate abruptly, and with great capability of emphasis, whenever the necessity for such a power may be called in requisition. If to these natural attributes be joined good common sense, steadiness of purpose, a laudable ambition to excel, a nutural love or turn for the subject to be taught, that will cause the bosom of the speaker to glow with enthusiasm, and enable him to rouse and keep alive the attention of his hearers, and fix it upon important points which he wishes to imprint indelibly upon the memory, while he descants soberly and quietly, and in the plainest possible style of elocution upon common-place topics; if, I repeat, to these natural qualifications there be added intimate acquaintance with the best authorities of the profession, ancient and modern, a profound knowledge of the subject, the result of experience or personal observation, associated with the power, rarely possessed, of separating the useful from the useless, of winnowing the chaff from the grain, joined to peculiar tact in presenting in the most palatable, but most solid form, every intellectual viand, garnished by the dainties that a liberal education can always throw around, such qualifications are sure to be followed by success, and will in every possible way richly deserve it."

The doctor argues strongly against specialities, and then proceeds to state, that a lecturer must of necessity be devoted to a speciality. He must teach, and will necessarily practise, one branch of his profession, and obtain eminence in this branch alone. Cato's opinion is, that there is a great deal of Pharisaical pretence in the admonitions which students hear about this subject, as well as that called quackery—and that the *thief* generally shouts *stop thief* the loudest.

Dr. G. is about five feet seven inches high; broad, somewhat round shouldered; has a keen gray eye, a large head, carried a little forwards—covered with gray hair, which he says did not become so by years,

> "Nor grew it white
> In a single night,
> As men's have grown from sudden fears."

His step is agile and elastic, betokening little of the debility of increasing years. In fact, as he well remarks, men are to be judged of in reference to their age, not by their *years*, but by their constitution—his is a good one, and he bears his old age "frosty but kindly."

> "Thus much I've said, I trust without offence;
> Let no court sycophant pervert my sense,
> Nor sly informer watch these words to draw
> Within the reach of treason or the law."

CATO.

THE MEDICINAL PROPERTIES OF SULPHUR.

[Communicated for the Boston Medical and Surgical Journal.]

Of late, Sulphur has gained a reputation which, if true, would class it among the most useful medicines known to mankind. Still, if its recent reputation, as a specific for cholera, be unfounded, we think it has medical properties which have been entirely overlooked amid the multiplicity of new remedials and compounds, that are daily being discovered. Perhaps there has been too great an inclination on the part of physicians to leave the well-known articles of the materia medica, and take up with the new. The last discovered compound is too apt to enlist forthwith its thousand advocates, and its praises are lauded over hill and dale, long before its true medicinal virtues have been established. Many excellent old medicines, therefore, have been buried up amid the splendor of the new, and their qualities have lain mostly concealed from the world, or are too slow to receive their just merits. Sulphur, we think, is one of these unjustly proscribed medicines.

It is true, sulphur is now used, and has been long familiar to the medical world—its virtues pretty well established, its effects as a remedy long confessed. Dioscorides informs us that it is good in coughs; Hippocrates employed it in "hysteria, accompanied with coughing, by the way of fumigation;" it has had its worshippers in every age—and it is well known that it holds an important place among those invaluable domestic remedies "for *purifying* the blood and *cleansing* the system from its impurities." And, we truly believe, if it were more generally used, instead of many substances which irritate and disturb the animal economy, or instead of those numerous nostrums that throng almost every village, like so many demons, to steal away our life blood, and multiply our chances of destruction, it would greatly enrich the health of every community, and be a marked benefit to suffering humanity.

In an article necessarily so brief as this, we shall not enter upon the history of sulphur. It is easily distinguished by every one, and found in sufficient purity in every town for medical purposes. We shall simply confine ourselves to its medicinal properties, dwelling principally upon its more prominent characteristics as a medicine. The following are some of the objects for which it may with benefit be administered.

As a Laxative and Cathartic.—Sulphur in small doses loosens the bowels, and produces not a strong impression upon the system, giving tone to the mucous membranes of the stomach and intestines when impaired by disease and indigestion, and promoting the appetite. In diseases of the rectum, it has long been given, especially in hemorrhoids, as a safe and profitable remedy. In larger doses it acts as a purgative. With some persons it excites the peristaltic motion of the intestines to so great a degree, as not to afford time for proper digestion of the food; but, as a cathartic, it possesses no higher qualifications than numerous other substances for this purpose, unless we except its gentleness and harmlessness.

As a Diaphoretic.—This quality has long been ascribed to sulphur. When taken internally, it promotes the secretions of the skin and kidneys, and causes insensible perspiration. It seems to pass through the whole

body, and is manifestly transfused through the pores of the skin, as appears from the sulphurous smell of persons in the habit of taking it, and also from silver about the person imbibing a blackish cast, known to be the effects of the fumes of sulphur. Its power, as a diaphoretic, lies in its ability to increase the animal heat, and quicken the circulation. In acute cases, therefore, it is contra-indicated.

Stimulo-Expectorant.—We have already alluded to its reputation as an expectorant, and its healthful influences in lung complaints. Sulphur has long been recommended in asthma, and other disorders of the lungs of a chronic character. In some stages of phthisis, especially when the circulation is slow, it must be exceedingly valuable. But we are inclined to believe that its beneficial effects in chronic complaints of the lungs reside. in part, in its laxative and cathartic properties. However, during the 17th century, "it was termed, by way of eminence, the Balsam," in diseases of the lungs, "producing copious expectoration, and removing effete matter from those organs occasioned by disease." In the acute disorders of the lungs it cannot be safely administered, on account of its stimulating tendency. In fact, it should not be continued for a length of time in any case, if we would avoid its stimulating action. Sulphur now is seldom prescribed for pulmonary diseases.

But in cutaneous affections, sulphur stands pre-emiment, effecting manifestly more, with less injury to the system, than any discovered medicine. Unlike chloride of mercury, and other preparations of mercury, it does not beget in the system that irritation and those unhealthy effects which these medicines have upon the system of some persons when long continued. Its mildness and its efficiency are its best recommendations. To sulphur has long been given the name of specific in herpes, psora, and cutaneous diseases generally; and the only reason it has not been more generally used, is its disagreeable odor. This, however, may be disguised, so as to check it entirely in its external application, by the addition to the common sulphur ointment of a few drops of the oil of bergamot.

The form in which it is administered, both externally and internally, is various. The sulphur baths, the sulphurous water, are resorted to by invalids; and many persons have obtained much assistance from these in cutaneous diseases—diseases of the digestive organs, chronic catarrhs, (when it is necessary to stimulate the mucous membrane of bronchiæ, and of the pulmonary cells,) hypochondriasis, torpor of the intestines, and visceral obstructions. Finally, they have been for some time celebrated for relieving those afflicted with chronic rheumatism, gout, and diseases of the joints.

Within a short period, sulphur has been successful in the treatment of scrofula, possessing qualities in this respect hitherto but little appreciated. Dr. Bulley, of England, has employed it in a scrofulous enlargement of the knee-joint, combined with carb. ferri, with complete success. Its effects in scrofula are to accelerate the capillary circulation, so that patients feel a degree of warmth in the extremities. "Patients," remarks Dr. B., "visiting Paris, Barege, the Eaux-Bonnes, and other places, for the purpose of taking the natural sulphurous waters, have frequently experienced this same sensation of warmth after using them in moderate

doses. If sulphur internally has the ability to generate heat, and to equalize the general circulation (of which we have no doubt), it must be an indispensable medicine in the cure of diseases of the lymphatic system, and especially in the earlier stages of scrofulous disorder, when the disease is characterized by general coldness of the extremities and cutaneous surface. And it must be equally good to supply the constant drain of sulphuretted hydrogen always going on in these diseases to a great degree. Though the power of sulphur over scrofula has been but recently brought into notice, still its great alterative properties have been universally acknowledged by every medical man. Even 200 years ago it was used to discuss scrofulous tumors and swellings, and to produce an healthy action in ulcers most frequently found upon persons of a scrofulous diathesis.

The formula which Dr. B. thinks best for internal use, is as follows,—R. Sulphuris purificat., gr. v. ad x.; syr. simp., ʒ j.; aquæ, ʒ ij.; bene terendo, ft. haust., to be taken once or twice per day in a tumbler of milk.

Before closing this article, it is necessary to say something of the power of this remedial agent over cholera. We cannot believe that it is a *specific* for this disease—it may be classed among its remedies, if any we have, and no higher merit can be safely ascribed to it. It *has** power to destroy ozone; but that ozone produces cholera, remains to be proved by more extensive experiments and observations than have been made as yet by physicians and chemists. If sulphur has such remarkable qualities, we should think the ravages of this cruel disease would be checked. In many places, where it has been and is now raging to an alarming extent, has long been heard the *false* fame of the remedial power of sulphur; yet it has not stayed the progress and the fatality of the disease. Still there may be efficacy in sulphur and charcoal. We certainly hope so, but the proof is all against it. Even in those villages around the volcanic regions of Italy, whose atmosphere is saturated with sulphurous vapor; and in Glasgow,† Scotland, where large quantities of sulphuric acid are manufactured, the cholera has appeared, doing its work of death, as fatally as in other places less accustomed to the fumes of sulphur.

Dover, N. H., July, 1849. T. J. W. Pray.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 1, 1849.

Imaginary Diseases.—A communication in the New York Annalist, from our respected correspondent, Dr. Williams, of Deerfield, Mass., brings to recollection analogous cases of imaginary syphilitic taints, in which we have occasionally been consulted. In the first place, it is certainly a very extraordinary affair for a most strictly upright man or woman, whose lives would bear the severest moral scrutiny, to become suddenly possessed

* See Prof. Schonbein's remarks on Ozone.

† New York Tribune, July 7th, 1849.

of the idea that they had the venereal disease. When this hallucination takes possession of the mind, such is its extreme tenacity, that it is rarely wholly subdued. Even when assurance and reason amount to a supposed victory over false impressions, the old fiend of the imagination is sometimes unexpectedly recalled, and the resources of those who exclusively minister to the insane, fail of restoring the patient to the influence of reason.

Some years since, a middle-aged man, of gentlemanly address, whose name and residence are still unknown, consulted the editor in regard to the "*remnants* of *syphilis*" which had been lurking in his system for a long while. He paid liberally, and invariably insisted upon having a large stock of medicine put up at the druggist's, as he resided two or three days travel from Boston. An examination of the throat, indicated particularly as the point of manifestation, gave no evidence of disease whatever; but the circumstantial description gravely given of the sensation there, led to the supposition that an ulceration might exist in the obscure region of the tonsils, and medicine was therefore prescribed, and he returned home. When the phials and pill-boxes were exhausted, he returned, but no better, and consequently he was replenished, and again left the city. A third or fourth visit accidentally led to the discovery that he was altogether an imaginary sufferer, and a full explanation was made to him of the fact. He appeared delighted with the announcement,—and at the same time it was pretty clearly ascertained that he had never been exposed, in any manner whatever, to the corruption by which he considered himself infected. At the expiration of some months, the unhappy man again visited Boston, and related that, notwithstanding his conviction, when we were last in consultation, that he had never had the malady at all, he no sooner got into the street than a desire to be well prompted him to call at that focus of venereal quacks, Wilson's Lane, where he was furnished most liberally with anti-syphilitics, which he had been taking freely. But this was not the worst of it—for, as he assured us, his wife was confidentially informed that she too had the awful scourge, and probably their two young children. In the terror which this intelligence inspired, with the haste she evinced to be speedily restored as secretly as possible, the three innocents were dosed and drenched, till, according to the infatuated husband's account, they were absolutely going down rapidly to the grave, the victims of his insanity. Emaciation, wildness of expression, with a spirited declaration of a determination to conquer or die in the effort, marked the last interview we ever had with him. Various schemes were tried to ascertain the name and residence of this singular lunatic, with a view to saving those who would assuredly die under the severe medication he imposed, yet so concealed under a sense of shame, that no one would probably know the true cause of their death. But we were foiled in every attempt, and to this day have not the least clue by which to ascertain the ultimate condition or destiny of a family that must have been very wretched. Should any of the readers of this Journal, within one or two hundred miles of Boston, be reminded of a chain of mysteries in some family in their neighborhood, which this recital helps to explain, it would be gratifying to be furnished with the remainder of the narrative.

Another case, not wholly unlike the foregoing, has been under occasional advisement for about four years, and the way the patient is kept from wasting his means and injuring himself by the ready prescriptions of the Endicott St. and Wilson Lane venereal doctors, requires considerable tact

on the part of those who know most about the case. It is quite certain, however, that he is very frequently trying some newly invented remedy for a disease that he never had.

Smith on Parturition.—Messrs. Lea & Blanchard have republished, among a vast number of other excellent treatises appertaining to the highest departments of practical medicine, a work new to us in the United States, with this title, viz., "Parturition, and the principles and practice of obstetrics, by W. Tyler Smith, M.D., Lecturer on Obstetrics in the Hunterian School of Medicine." It is dedicated to Dr. Marshall Hall, who, it is presumed, would not tolerate any second rate author's approach. Dr. Smith prides himself particularly in having studied what he calls reflex obstetrics. He says, in effect, that it is a new branch. Taking the whole range of reflex physiology, the cause of labor is only second in importance to the cause of respiration, and no one had perceived, continues the learned writer, that the relation of the ovarian nerves to parturition is the same as the relation of the pheumogastic nerves to respiration; while in the investigation of the causes of the genesial cycles, in the twelfth lecture, a new field is entered upon, altogether distinct from the reflex motor function. The volume is made up of 26 lectures, abounding in that wisdom which should be the characteristic of those practising obstetricy. It is thoroughly and systematically exact, without being soporific or unnecessarily wire-drawn. Ticknor & Co., Boston, have it, and physicians generally should have it also.

Cincinnati Board of Health.—By an order of the Board, all the physicians of the city were required to report the cause of the death of each person dying under their care. As in Boston, there are all shades of practitioners, who have no natural affinity for each other's society, and certainly no confidence in each other's system of practice. As we understand the affair, quite a number of reputable practitioners belonged to the Board of Health, which issued the order alluded to. As physicians of the old school, they did not recognize homœopathists, hydropathists, or eclectics, in any other light than quacks, but in their official capacity, for not reporting deaths, such practitioners were ordered by the Board to be prosecuted. This was an anomalous proceeding, and the city solicitor seems to have allowed the offenders to leave the court before any definite course was taken. In the midst of this, the discovery was made that the Board, constitutionally, could enforce no decree, as the time of some of the members had expired, although they were still acting. Upon this, seven, including four M.D.'s, resigned their seats, and a new organization followed. This was a favorable moment for the various orders of practitioners, pitted against each other, and the eclectics against all; and they made the welkin ring, through the papers, with their complaints, their boasted triumphs over death, and their wails against an unrighteous corporation and an unbelieving generation. Upon this manifestation of war among the craft, a special committee of the Common Council presented a report, a paragraph from which is appended, to show how those strange and estranged men are estimated by the committee.

"These difficulties arise not only from the nature of the labors which devolve upon the Board, such as the selection of suitable hospitals for the sick, and making the necessary provisions for their accommodation, and attending to the various complaints against nuisances, but also from the pe-

culiar jealousies which seem to belong to the medical profession. There exists, unhappily, different sects of physicians, between whom there is an impassable gulf fixed, which keeps them forever asunder. The different sects of religion are not so irreconcilable in their opposition to one another as are these opposing schools of the healing art. Their hostility is so extreme as to beget contempt for one another. The eclectic, in the eyes of the regular school physicians, is a *quack;* and the homœopath, in the eyes of both the eclectic and the regular, is an *empiric;* while the homœopath, in turn, looks upon the allopath as a bigot, irreclaimably joined to his idols. If, with the least of all doses, the homœopath succeeds in effecting the greatest of cures, the regulars cry out, like the Pharisees, "Give God the praise;" *these fellows are worse than "sinners,"* they are *quacks*, and for quackery there is no "remission."

The new Board of Health appointed an "eclectic" to the cholera hospital, and the result of all was the refusal of the regular physicians to report their cases at all. The empirics, however, it is said, reported more cases of cholera than occurred in the whole city, and nearly every one recovered!

Belmont Medical Society.—A pamphlet of the transactions of this Society, has been printed at St. Clairsville, Ohio. First, there is an inaugural address by Dr. Henry West, the president, on Sanguinaria Canadensis. This is a sensible and judicious discourse. If there is any fault to be found with it, it is that the remedy is represented to be good for too many diseases. It is one of the marvels of our medical times, how the best disciplined minds occasionally run, with the bit between the teeth, in riding a hobby. Blood-root is, indeed, an excellent medicine, and not sufficiently appreciated; but it will not raise the dead nor cure the cholera. Its external application to obstinate old ulcers, is generally satisfactory, and surprises those who use it with its immediate good effects. Next, is the duty of physicians, relative to nostrums. We anticipate Dr. Hoover, and say distinctly, let them alone. Medical ethics, by Dr. Wm. Estep, developes no new principle. Well-bred physicians are quite ashamed to quarrel, and when they do, the brotherhood is ashamed of them. There never was a code that made two bad-tempered, ambitious, testy practitioners love each other, especially when there was any degree of rivalry. Dr. Pratt's discourse on the teeth, speaks well for his researches into the anatomy and physiology of those organs. Dr. Robert Hamilton's report on quackery defines the duty of physicians in sustaining Dr. Edwards's law for excluding from ports of entry vile and inert drugs. Dr. John G. Affleck's paper on improvement in medicine, closes the series. The Society has our individual thanks for its good example, as well as for its meritorious literary contributions to the archives of medical science. A few more Belmont Societies are needed to spur up the drones—those fat people in physic who do nothing but pocket their fees.

Cholera in New York.—Dr. Reese, Resident at the Bellevue Hospital, whose extensive experience and ackowledged professional attainments give character to any opinions he may advance, has published an instructive paper in the New York Commercial Advertiser, of July 27th, which may be read with profit by the whole community. The following is the sum and substance of his method of treatment:—"On the earliest appearance of nausea or diarrhœa, the patient should take the horizontal position in

bed, and secure absolute rest for a few hours. If the diarrhœa continue, a teaspoonful of the following mixture may be taken in cold water, and repeated after every evacuation from the bowels. The same remedy and dose may be used if vomiting occurs, with or without pain or cramp, and be repeated if necessary, swallowing pieces of ice before and after, and drinking only ice water. I give the prescription, which, I may add, has been successfully used in this hospital, and is extensively employed elsewhere by those who have seen its usefulness here. Take of sulphuric ether and compound spirits of lavender, each 1 oz.; wine of opium, 2 drs.; oil of cloves, 10 drops; mix. Dose, a teaspoonful for an adult, and proportionably less for a child, to be repeated as often as necessary. My opportunity in this hospital for employing this compound in the diarrhœa, vomiting and cramps which have prevailed here for months past to an unparalleled extent, have been ample."

Medical Miscellany.—A catalogue of the Vermont Med. College, for 1849, shows that the institution is prosperous. There were 105 students attending lectures.—According to the Directory, there are 641 physicians in the city of New York.—Dr. Gates, editor of the Valley Farmer, died at St. Louis, a few days since, of cholera. He formerly edited the Burlington Gazette (Vermont).—A physician has opened his office on board an Ohio steamboat.—Dr. Geo. H. Tillinghast has become editor of the Providence, R. I., Day Star.—A mesmeric institution has been organized in the ancient city of Bristol, Eng., of which Earl Ducie is president. He is a decided believer in all kinds of moonshine.—A circular of the Mass. Med. College, for 1849 and 50, is ready for distribution. The prospects of the institution are excellent. Also, just published, the circular of the Baltimore Dental College.—The proceedings of the American Association for the advancement of Science, held at Philadelphia in 1848, are published.—Forty young gentlemen, in attendance at the medical school in Boston, lately took the degree of M.D.—Dr. T. W. Keen, of Rockingham, N. C., is a candidate for Congress.—Palmer's *Patent Leg Reporter and Surgical Adjuvant* is the title of a new semi-annual, published at Springfield, Mass., where the manufacturing establishment of artificial limbs has been removed from Meredith, N. H. Why was it not located in Boston?

To Correspondents.—The Letter of "Medicus" to Rev. Dr. ———, and an account of the Cephalometer, have been received.

Married,—In Madison, Me., Percival Barton, M.D., to Miss Sarah C. Paine, both of North Anson, Me.—Dr. Smith Fuller, of Uniontown, Penn., to Miss J. E. Beggs.—Dr. J. P. Porter, of Decatur, Indiana, to Miss E. Nane.—Wm. M. Bailey, M.D., of Plymouth, Indiana, to Miss M. Ackerman.

Died,—In New York, Dr. Alexis Smith, of cholera, 49.—At Beverly, N. J., Dr. J. B. Warrener.—In Parras, Mexico, Dr. James O'Riley, of New Haven, Conn., of cholera.—At Washington, D. C., Nicholas W. Worthington, M.D., 60.

Report of Deaths in Boston—for the week ending July 27th, 105.—Males, 60—females, 45.—Of consumption, 20—cholera, 10—disease of the bowels, 13—cholera infantum, 4—scarlet fever, 5—rheumatic fever, 1—convulsions, 3—cholera morbus, 3—infantile diseases, 8—congestion of brain, 3—lung fever, 2—cancer, 1—inflammation of the bowels, 2—dropsy, 1—tumor, 1—debility, 2—typhoid fever, 1—typhus fever, 1—disease of the heart, 3—dysentery, 3—accidental, 2—drinking cold water, 1—diarrhœa, 4—dropsy in the head, 2—hooping cough, 2—marasmus, 1—disease of the hip, 1—old age, 2—teething, 1—brain fever, 1—inflammation of the lungs, 1.

Under 5 years, 50—between 5 and 20 years, 12—between 20 and 40 years, 19—between 40 and 60 years, 17—over 60 years, 7.

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Chicago Marine Hospital.—This institution now in process of erection, is to be situated on the point between the river and the lake; being the ground occupied as a military post, and will overlook the harbor so as to produce a beautiful effect. The building will front West on Michigan avenue, and will be convenient to all the marines of the city. The building will be 90 feet 6 inches front by 128 feet 6 inches deep, three stories high, above a basement, with a cupola elevated to 67 feet. The appearance will be fine, and the manner of its construction permanent. The basement will be of stone, the other walls of brick. It will contain forty-eight apartments, besides water closets, bath rooms, &c., and will accommodate three hundred and fifty patients. Thus, under the auspices of the general government, has been commenced a noble charity, whose blessings will be felt and appreciated by the homeless mariner, through a long succession of ages.—*N. W. Medical Journal.*

The Concours.—Our readers are aware that the professors of the faculty of medicine of Paris, are appointed by "concours;" and we have often expressed our admiration of this excellent system of securing the best man, and excluding favoritism. We are sorry to perceive, however, from a late transaction, that in Paris, as well as everywhere else, the best institutions may be rendered abortive by abuses which creep in by stealth. It appears that the assembled professors have a right of permitting mutations of chairs, and M. Denonvilliers has recently been allowed to exchange the anatomical professorship for the chair of operations, thus defeating the intention of the concours, by teaching a branch for which he has *not* competed.—*Lancet.*

Vinous Beverage.—A French physician has succeeded in making a very agreeable beverage with twenty pounds of the twigs and leaves of the vine, and forty pounds of the twigs of Indian corn. These substances are to be crushed by the stones of an oil mill, placed in a tub, and two hundred quarts of water poured over them, when vinous fermentation is set up, after repeated stirring. The vine-leaf contains the fermenting agent, and the Indian-corn twigs, sugar, so that alcohol is soon formed, if aided by heat. This wine may of course be colored, and its aroma and taste be improved. The dregs can be used for cattle, and will even yield brandy on distillation. —*Journal de Chimie Médicale.*

The Urine in Cholera.—In the Lancet of the 26th of May is mentioned the fact of the urine being albuminous in cholera, as if it had been first remarked by Dr. Rostan. Allow me, however, to observe, that the profession are indebted, for the first observation of this fact, to Mr. Busk, who, as far back as last October, ascertained that albumen was almost invariably present in the urine of cholera patients, and who mentioned the circumstance at a meeting of the Medico-Chirurgical Society. More than forty cases of cholera have been received on board the "Dreadnought," and in every instance but one, the urine passed at first has been albuminous. This condition rarely continued beyond the first day, but appeared to cease as soon as the action of the kidneys was fully restored.

HENRY T. L. ROOKE, *in London Lancet.*